

**FEC
FORM 3X****REPORT OF RECEIPTS
AND DISBURSEMENTS**
For Other Than An Authorized Committee

Office Use Only

1. NAME OF COMMITTEE (in full) TYPE OR PRINT ▼ Example: If typing, type over the lines.

12FE4M5

LIBERTARIAN NATIONAL COMMITTEE, INC.

ADDRESS (number and street)

1444 DUKE STREET

Check if different
than previously
reported. (ACC)

ALEXANDRIA

VA

22314

2. FEC IDENTIFICATION NUMBER ▼

CITY ▲

STATE ▲

ZIP CODE ▲

C

C00255695

3. IS THIS
REPORTNEW
(N)

OR

AMENDED
(A)

4. TYPE OF REPORT

(Choose One)

(a) Quarterly Reports:

April 15
Quarterly Report (Q1)July 15
Quarterly Report (Q2)October 15
Quarterly Report (Q3)January 31
Year-End Report (YE)July 31 Mid-Year
Report (Non-election
Year Only) (MY)Termination Report
(TER)(b) Monthly
Report
Due On:

Feb 20 (M2)



May 20 (M5)



Aug 20 (M8)

Nov 20 (M11)
(Non-Election
Year Only)

Mar 20 (M3)



Jun 20 (M6)



Sep 20 (M9)

Dec 20 (M12)
(Non-Election
Year Only)

Apr 20 (M4)



Jul 20 (M7)



Oct 20 (M10)



Jan 31 (YE)

(c) 12-Day
PRE-Election
Report for the:

Primary (12P)



General (12G)



Runoff (12R)



Convention (12C)



Special (12S)

Election on

M M M / D D D / Y Y Y Y Y Y

in the
State of(d) 30-Day
POST-Election
Report for the:

General (30G)



Runoff (30R)



Special (30S)

Election on

M M M / D D D / Y Y Y Y Y Y

in the
State of

5. Covering Period

M M M / D D D / Y Y Y Y Y Y
03 01 2023

through

M M M / D D D / Y Y Y Y Y Y
03 31 2023

I certify that I have examined this Report and to the best of my knowledge and belief it is true, correct and complete.

Hagopian, Todd, Christopher, ,

Type or Print Name of Treasurer

Signature of Treasurer

Hagopian, Todd, Christopher, ,

[Electronically Filed]

Date

M M M / D D D / Y Y Y Y Y Y
04 20 2023

NOTE: Submission of false, erroneous, or incomplete information may subject the person signing this Report to the penalties of 52 U.S.C. § 30109.

Office
Use
Only**FEC FORM 3X**
Rev. 05/2016

SUMMARY PAGE OF RECEIPTS AND DISBURSEMENTS

FEC Form 3X (Rev. 05/2016)

Page 2

Write or Type Committee Name

LIBERTARIAN NATIONAL COMMITTEE, INC.

Report Covering the Period: From: M M / D D / Y Y Y Y Y Y
03 / 01 / 2023 To: M M / D D / Y Y Y Y Y Y
03 / 31 / 2023

	COLUMN A This Period	COLUMN B Calendar Year-to-Date
6. (a) Cash on Hand January 1, Y Y Y Y Y Y 2023		255395.26
(b) Cash on Hand at Beginning of Reporting Period.....	280662.34	
(c) Total Receipts (from Line 19)	78205.47	239147.10
(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B).....	358867.81	494542.36
7. Total Disbursements (from Line 31).....	104414.89	240089.44
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d)).....	254452.92	254452.92
9. Debts and Obligations Owed TO the Committee (Itemize all on Schedule C and/or Schedule D)	0.00	
10. Debts and Obligations Owed BY the Committee (Itemize all on Schedule C and/or Schedule D)	3600.69	



This committee has qualified as a multicandidate committee. (see FEC FORM 1M)

For further information contact:

Federal Election Commission
999 E Street, NW
Washington, DC 20463

Toll Free 800-424-9530
Local 202-694-1100

DETAILED SUMMARY PAGE of Receipts

FEC Form 3X (Rev. 05/2016)

Page 3

Write or Type Committee Name

LIBERTARIAN NATIONAL COMMITTEE, INC.

Report Covering the Period:

From:

M	M	/	D	D	/	Y	Y	Y	Y
0	3		0	1		2	0	2	3

To:

M	M	/	D	D	/	Y	Y	Y	Y
0	3		3	1		2	0	2	3

I. Receipts	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
11. Contributions (other than loans) From:		
(a) Individuals/Persons Other Than Political Committees		
(i) Itemized (use Schedule A).....	21758.40	50299.52
(ii) Unitemized	55430.77	186468.08
(iii) TOTAL (add Lines 11(a)(i) and (ii)).....▶	77189.17	236767.60
(b) Political Party Committees	0.00	0.00
(c) Other Political Committees (such as PACs).....	0.00	0.00
(d) Total Contributions (add Lines 11(a)(iii), (b), and (c)) (Carry Totals to Line 33, page 5)	77189.17	236767.60
12. Transfers From Affiliated/Other Party Committees.....	0.00	0.00
13. All Loans Received	0.00	0.00
14. Loan Repayments Received.....	0.00	0.00
15. Offsets To Operating Expenditures (Refunds, Rebates, etc.) (Carry Totals to Line 37, page 5).....	489.00	489.00
16. Refunds of Contributions Made to Federal Candidates and Other Political Committees.....	0.00	0.00
17. Other Federal Receipts (Dividends, Interest, etc.).....	527.30	1890.50
18. Transfers from Non-Federal and Levin Funds		
(a) Non-Federal Account (from Schedule H3)	0.00	0.00
(b) Levin Funds (from Schedule H5)	0.00	0.00
(c) Total Transfers (add 18(a) and 18(b))..	0.00	0.00
19. Total Receipts (add Lines 11(d), 12, 13, 14, 15, 16, 17, and 18(c))	78205.47	239147.10
20. Total Federal Receipts (subtract Line 18(c) from Line 19)	78205.47	239147.10

DETAILED SUMMARY PAGE

of Disbursements

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Page 4

II. Disbursements	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
21. Operating Expenditures:		
(a) Allocated Federal/Non-Federal Activity (from Schedule H4)		
(i) Federal Share	0.00	0.00
(ii) Non-Federal Share.....	0.00	0.00
(b) Other Federal Operating Expenditures	101200.64	234096.11
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii), and (b))	101200.64	234096.11
22. Transfers to Affiliated/Other Party Committees.....	220.00	220.00
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	0.00	0.00
24. Independent Expenditures (use Schedule E)	0.00	0.00
25. Coordinated Party Expenditures (52 U.S.C. § 30116(d)) (use Schedule F).....	0.00	0.00
26. Loan Repayments Made.....	0.00	0.00
27. Loans Made.....	0.00	0.00
28. Refunds of Contributions To:		
(a) Individuals/Persons Other Than Political Committees	2060.00	2160.75
(b) Political Party Committees	0.00	0.00
(c) Other Political Committees (such as PACs).....	0.00	0.00
(d) Total Contribution Refunds (add Lines 28(a), (b), and (c)).....	2060.00	2160.75
29. Other Disbursements (Including Non-Federal Donations).....	934.25	3612.58
30. Federal Election Activity (52 U.S.C. § 30101(20))		
(a) Allocated Federal Election Activity (from Schedule H6)		
(i) Federal Share	0.00	0.00
(ii) "Levin" Share.....	0.00	0.00
(b) Federal Election Activity Paid Entirely With Federal Funds	0.00	0.00
(c) Total Federal Election Activity (add Lines 30(a)(i), 30(a)(ii) and 30(b))	0.00	0.00
31. Total Disbursements (add Lines 21(c), 22, 23, 24, 25, 26, 27, 28(d), 29 and 30(c)) ..	104414.89	240089.44
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	104414.89	240089.44

DETAILED SUMMARY PAGE
of Disbursements

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Page 5

III. Net Contributions/ Operating Expenditures	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
33. Total Contributions (other than loans) (from Line 11(d), page 3)	77189.17	236767.60
34. Total Contribution Refunds (from Line 28(d))	2060.00	2160.75
35. Net Contributions (other than loans) (subtract Line 34 from Line 33)	75129.17	234606.85
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b))▶	101200.64	234096.11
37. Offsets to Operating Expenditures (from Line 15, page 3).....	489.00	489.00
38. Net Operating Expenditures (subtract Line 37 from Line 36)▶	100711.64	233607.11

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

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<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16
<input type="checkbox"/> 17			

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

LIBERTARIAN NATIONAL COMMITTEE, INC.

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. Aitken, David, , Mr.,

Mailing Address 1240 N OGDEN ST APT 4

City
DENVERState
COZip Code
80218-1930FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)

Retired

Occupation (for Individual)

retired

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

309.00

Date of Receipt

M M / D D / Y Y Y Y Y
03 / 01 / 2023

Transaction ID : SA11Al.194485

Amount of Each Receipt this Period

103.00

☐ Memo Item
Contribution

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. Bailey, Alvin, C., ,

Mailing Address PO BOX 611

City
AUBURNState
ALZip Code
36831-0611FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)

Retired

Occupation (for Individual)

Engineer

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

252.00

Date of Receipt

M M / D D / Y Y Y Y Y
03 / 13 / 2023

Transaction ID : SA11Al.194555

Amount of Each Receipt this Period

84.00

☐ Memo Item
Contribution

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. Bamler, William, , Mr.,

Mailing Address 2381 Port Williams Dr

City
StowState
OHZip Code
44224-1981FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)

Retired

Occupation (for Individual)

Retired

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

310.00

Date of Receipt

M M / D D / Y Y Y Y Y
03 / 28 / 2023

Transaction ID : SA11Al.194578

Amount of Each Receipt this Period

75.00

☐ Memo Item
Contribution

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

262.00

SCHEDULE A (FEC Form 3X)

ITEMIZED RECEIPTS

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 7 OF 104

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

LIBERTARIAN NATIONAL COMMITTEE, INC.

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. Barricklow, Wayne, J., ,

Mailing Address 3043 SE Banyan St

City
StuartState
FLZip Code
34997-7807FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
CTS, LLCOccupation (for Individual)
Project Manager

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

375.00

Date of Receipt

M M / D D / Y Y Y Y Y
03 / 01 / 2023

Transaction ID : SA11AI.194606

Amount of Each Receipt this Period

125.00

☐ Memo Item
Contribution

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. Blake, Clay, Austin, Mr.,

Mailing Address 8842 HIGHWAY Z

City
FORTUNAState
MOZip Code
65034-2011FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Koechner ManufacturingOccupation (for Individual)
Head of Design

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

375.00

Date of Receipt

M M / D D / Y Y Y Y Y
03 / 01 / 2023

Transaction ID : SA11AI.194698

Amount of Each Receipt this Period

125.00

☐ Memo Item
Contribution

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. Bobbett, Jonathan, H., Mr.,

Mailing Address 1142 Ocean Blvd

City
RyeState
NHZip Code
03870-2835FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
MatMarketOccupation (for Individual)
Chairman

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

1030.00

Date of Receipt

M M / D D / Y Y Y Y Y
03 / 26 / 2023

Transaction ID : SA11AI.194712

Amount of Each Receipt this Period

1030.00

☐ Memo Item
Contribution

SUBTOTAL of Receipts This Page (optional)..... ►

1280.00

TOTAL This Period (last page this line number only)..... ►

SCHEDULE A (FEC Form 3X)

ITEMIZED RECEIPTS

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

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☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

LIBERTARIAN NATIONAL COMMITTEE, INC.

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. Boss, Jessica, , ,

Mailing Address 703 E Howell Ave

City
Alexandria

State
VA

Zip Code
22301-3088

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
USAF

Occupation (for Individual)
Pilot

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

225.00

Date of Receipt

M M / D D / Y Y Y Y Y
03 / 05 / 2023

Transaction ID : SA11Al.194732

Amount of Each Receipt this Period

75.00

☐ Memo Item
Contribution

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. Bost, Jeanie, , Mrs.,

Mailing Address 208 BYRON RD

City
GERRARDSTOWN

State
WV

Zip Code
25420-4595

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
None

Occupation (for Individual)
none

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y
03 / 10 / 2023

Transaction ID : SA11Al.194733

Amount of Each Receipt this Period

125.00

☐ Memo Item
Contribution

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. Bray, Neil, , ,

Mailing Address 316 CALIFORNIA AVE # 819

City
RENO

State
NV

Zip Code
89509-1650

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Retired

Occupation (for Individual)
Retired

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y
03 / 16 / 2023

Transaction ID : SA11Al.194772

Amount of Each Receipt this Period

125.00

☐ Memo Item
Contribution

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

325.00

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 9 OF 104

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16
<input type="checkbox"/> 17			

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NAME OF COMMITTEE (In Full)

LIBERTARIAN NATIONAL COMMITTEE, INC.

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. Brown, Robert, Clyde, ,

Mailing Address 1190 S BARDEAUX AVE

City
YumaState
AZZip Code
85364-4134FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
SelfOccupation (for Individual)
HCP

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y Y
03 / 01 / 2023

Transaction ID : SA11Al.194810

Amount of Each Receipt this Period

100.00

☐ Memo Item
Contribution

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. Browne, Harvey, M, , Jr

Mailing Address 15426 VILLAGE WOODS DR

City

EDEN PRAIRIE

State

MN

Zip Code

55347-1437

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
RetiredOccupation (for Individual)
Retired

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y Y
03 / 20 / 2023

Transaction ID : SA11Al.194814

Amount of Each Receipt this Period

100.00

☐ Memo Item
Contribution

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. Calhoun, Kristin, L, ,

Mailing Address 220959 BELL ST

City

HATLEY

State

WI

Zip Code

54440-6000

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Self EmployedOccupation (for Individual)
Sex worker

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

252.00

Date of Receipt

M M / D D / Y Y Y Y Y
03 / 02 / 2023

Transaction ID : SA11Al.194882

Amount of Each Receipt this Period

84.00

☐ Memo Item
Contribution

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

284.00

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

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<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
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NAME OF COMMITTEE (In Full)

LIBERTARIAN NATIONAL COMMITTEE, INC.

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. Carpenter, Brad, , ,

Mailing Address 571 Secretariat Ct

City
RenoState
NVZip Code
89521-6255FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Urology NevadaOccupation (for Individual)
IT Professional

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

375.00

Date of Receipt

M M / D D / Y Y Y Y Y
03 / 01 / 2023

Transaction ID : SA11AI.194917

Amount of Each Receipt this Period

125.00

☐ Memo Item
Contribution

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. Cavin, Marc, Joseph, Mr.,Mailing Address 1901 N GRANT ST
APT 612City
DENVERState
COZip Code
80203-1569FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Kellogg CompanyOccupation (for Individual)
Planning Analyst

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

375.00

Date of Receipt

M M / D D / Y Y Y Y Y
03 / 01 / 2023

Transaction ID : SA11AI.194946

Amount of Each Receipt this Period

125.00

☐ Memo Item
Contribution

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. Cenkus, Mark, A, Mr,

Mailing Address 6810 CHESSLEY CHASE DR

City
SUGAR LANDState
TXZip Code
77479-5951FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
RetiredOccupation (for Individual)
retired

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

450.00

Date of Receipt

M M / D D / Y Y Y Y Y
03 / 01 / 2023

Transaction ID : SA11AI.194952

Amount of Each Receipt this Period

150.00

☐ Memo Item
Contribution

SUBTOTAL of Receipts This Page (optional)..... ▶

TOTAL This Period (last page this line number only)..... ▶

400.00

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 11 OF 104

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16
<input type="checkbox"/> 17			

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NAME OF COMMITTEE (In Full)

LIBERTARIAN NATIONAL COMMITTEE, INC.

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. Clancy, Ryan, W, ,

Mailing Address 6070 SE PARDEE ST

City
PORTLANDState
ORZip Code
97206-4757FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Motorola SolutionsOccupation (for Individual)
Consultant

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

257.50

Date of Receipt

M M / D D / Y Y Y Y Y
03 / 28 / 2023

Transaction ID : SA11AI.194980

Amount of Each Receipt this Period

257.50

☐ Memo Item
Contribution

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. Clark, Joshua, , Mr,

Mailing Address 3734 VIA TORTOLA

City
RIVERSIDEState
CAZip Code
92503-4563FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
TraneOccupation (for Individual)
Service Account Manager

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y
03 / 01 / 2023

Transaction ID : SA11AI.194984

Amount of Each Receipt this Period

125.00

☐ Memo Item
Contribution

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. Claytor, Christopher, John, ,

Mailing Address 8717 MANDEVILLA DR

City
PLANOState
TXZip Code
75024-7292FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
T-MobileOccupation (for Individual)
IT Manager

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

375.00

Date of Receipt

M M / D D / Y Y Y Y Y
03 / 01 / 2023

Transaction ID : SA11AI.194998

Amount of Each Receipt this Period

125.00

☐ Memo Item
Contribution

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

507.50

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER: PAGE 12 OF 104
(check only one)☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

LIBERTARIAN NATIONAL COMMITTEE, INC.

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. Corriere, Shane, A., Mr.,

Mailing Address 1736 BARON DR

City
YORKState
PAZip Code
17408-2245FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
CA Weber AgencyOccupation (for Individual)
Insurance Sales

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

375.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
03 / 01 / 2023

Transaction ID : SA11AI.195074

Amount of Each Receipt this Period

125.00

☐ Memo Item
Contribution

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. Dagavarian, Dikran, Oursa, Mr,

Mailing Address 2 BELA VIEW DR

City
BowState
NHZip Code
03304-4600FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
RetiredOccupation (for Individual)
Retired

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
03 / 26 / 2023

Transaction ID : SA11AI.195127

Amount of Each Receipt this Period

250.00

☐ Memo Item
Contribution

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. Dallmann, De, , ,

Mailing Address 15707 S RIVER RD

City
PlainfieldState
ILZip Code
60544-8119FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
US DOEOccupation (for Individual)
Supervisory Physical Scientist

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

309.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
03 / 01 / 2023

Transaction ID : SA11AI.195136

Amount of Each Receipt this Period

103.00

☐ Memo Item
Contribution

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

478.00

SCHEDULE A (FEC Form 3X)

ITEMIZED RECEIPTS

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 13 OF 104

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

LIBERTARIAN NATIONAL COMMITTEE, INC.

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. Davis, David, Martin, Mr,

Mailing Address 1707 19TH ST

City
HARLANState
IAZip Code
51537-1802FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)

Retired

Occupation (for Individual)

Retired

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

5000.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
03 / 20 / 2023

Transaction ID : SA11AI.195157

Amount of Each Receipt this Period

5000.00

☐ Memo Item
Contribution

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. Depoy, Jeffrey, Scott, ,

Mailing Address 33601 CRYSTAL SPRINGS RD

City

BERRIEN CTR

State

MI

Zip Code

49047-8701

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)

JMC Industries

Occupation (for Individual)

Machinist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

375.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
03 / 01 / 2023

Transaction ID : SA11AI.195206

Amount of Each Receipt this Period

125.00

☐ Memo Item
Contribution

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. DiLella, Daniel, , Mr., Jr

Mailing Address 3843 WEST CHESTER PIKE

City

NEWTOWN SQ

State

PA

Zip Code

19073-2304

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)

Equus Capital Partners, Ltd.

Occupation (for Individual)

Real Estate

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
03 / 26 / 2023

Transaction ID : SA11AI.195227

Amount of Each Receipt this Period

125.00

☐ Memo Item
Contribution

SUBTOTAL of Receipts This Page (optional).....▶

5250.00

TOTAL This Period (last page this line number only).....▶

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER: PAGE 14 OF 104
(check only one)☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

LIBERTARIAN NATIONAL COMMITTEE, INC.

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. Dow, Nancy, S., , MD

Mailing Address 13237 OSTERPORT DR

City
SILVER SPRINGState
MDZip Code
20906-5912FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)

Retired

Occupation (for Individual)

retired pathologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

243.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
03 / 28 / 2023

Transaction ID : SA11AI.195246

Amount of Each Receipt this Period

30.00

☐ Memo Item
Contribution

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. Dow, Nancy, S., , MD

Mailing Address 13237 OSTERPORT DR

City
SILVER SPRINGState
MDZip Code
20906-5912FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)

Retired

Occupation (for Individual)

retired pathologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

303.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
03 / 31 / 2023

Transaction ID : SA11AI.195247

Amount of Each Receipt this Period

60.00

☐ Memo Item
Contribution

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. DuBois, Sharon, A, Ms.,

Mailing Address 5412 SW 23RD ST

City
TOPEKAState
KSZip Code
66614-1649FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)

Retired

Occupation (for Individual)

Retired

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

257.50

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
03 / 27 / 2023

Transaction ID : SA11AI.195264

Amount of Each Receipt this Period

257.50

☐ Memo Item
Contribution

SUBTOTAL of Receipts This Page (optional)..... ►

347.50

TOTAL This Period (last page this line number only)..... ►

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 15 OF 104

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

LIBERTARIAN NATIONAL COMMITTEE, INC.

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. Dugger, Nicholas, , ,

Mailing Address 4117 PARKRIDGE DR

City
Saint Paul

State
MN

Zip Code
55110-7600

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)

Self employed

Occupation (for Individual)

Sr Software Engineer

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

386.25

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
03 / 01 / 2023

Transaction ID : SA11AI.195270

Amount of Each Receipt this Period

128.75

☐ Memo Item
Contribution

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. Earnheart, Bruce, W, mr,

Mailing Address 111 grafton avenueue
411

City
Dayton

State
OH

Zip Code
45406-5457

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Highgate Hospitality

Occupation (for Individual)
night auditor

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

350.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
03 / 19 / 2023

Transaction ID : SA11AI.195293

Amount of Each Receipt this Period

350.00

☐ Memo Item
Contribution

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. Elliott, Ken, Rollin, Mr.,

Mailing Address 852 WHITCOMB WOODS DR

City
Troy

State
MO

Zip Code
63379-3004

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)

Self

Occupation (for Individual)

Flooring Contractor

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

309.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
03 / 01 / 2023

Transaction ID : SA11AI.195321

Amount of Each Receipt this Period

103.00

☐ Memo Item
Contribution

SUBTOTAL of Receipts This Page (optional).....▶

TOTAL This Period (last page this line number only).....▶

581.75

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 16 OF 104

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

LIBERTARIAN NATIONAL COMMITTEE, INC.

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. Fox, Drake, , Mr.,

Mailing Address 7602 Owl Roost Ct

City
WilmingtonState
NCZip Code
28411-9176FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Spirit AirlinesOccupation (for Individual)
Pilot

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

386.25

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
03 / 01 / 2023

Transaction ID : SA11Al.195447

Amount of Each Receipt this Period

128.75

☐ Memo Item
Contribution

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. French, Jake, , Mr.,

Mailing Address 2000 MANASSAS AVE

City
TUSCALOOSAState
ALZip Code
35406-1745FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Self EmployedOccupation (for Individual)
Service Industry

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

257.50

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
03 / 07 / 2023

Transaction ID : SA11Al.195468

Amount of Each Receipt this Period

257.50

☐ Memo Item
Contribution

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. Gearhart, Scott, Edward, ,

Mailing Address 8325 DUBBS DR

City
SEVERNState
MDZip Code
21144-3320FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
NAOccupation (for Individual)
Na

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

1575.90

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
03 / 12 / 2023

Transaction ID : SA11Al.195555

Amount of Each Receipt this Period

10.30

☐ Memo Item
Contribution

SUBTOTAL of Receipts This Page (optional)..... ►

396.55

TOTAL This Period (last page this line number only)..... ►

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER: PAGE 17 OF 104
(check only one)☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

LIBERTARIAN NATIONAL COMMITTEE, INC.

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. Gearhart, Scott, Edward, ,

Mailing Address 8325 DUBBS DR

City
SEVERNState
MDZip Code
21144-3320FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
NAOccupation (for Individual)
Na

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1585.17

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
03 / 18 / 2023

Transaction ID : SA11AI.195556

Amount of Each Receipt this Period

9.27

☐ Memo Item
Contribution

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. Gitzendanner, Andrew, , ,

Mailing Address 5565 E CUSTER PL

City
DENVERState
COZip Code
80246-1440FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Boulder ImagingOccupation (for Individual)
Sr Business Analyst

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

259.56

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
03 / 01 / 2023

Transaction ID : SA11AI.195586

Amount of Each Receipt this Period

86.52

☐ Memo Item
Contribution

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. Godfrey, Marcus, Scott, Mr.,

Mailing Address 10448 PEKOLEE DR

City
GRASS VALLEYState
CAZip Code
95949-9260FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Sutter Roseville Medical CenterOccupation (for Individual)
RN

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

259.56

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
03 / 01 / 2023

Transaction ID : SA11AI.195593

Amount of Each Receipt this Period

86.52

☐ Memo Item
Contribution

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

182.31

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 18 OF 104

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

LIBERTARIAN NATIONAL COMMITTEE, INC.

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. Graham, Daniel, , ,

Mailing Address 5920 RED HOLLOW RD

City
BIRMINGHAM

State
AL

Zip Code
35215-8518

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Rivertech LLC

Occupation (for Individual)
Military contractor

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

386.25

Date of Receipt

M M / D D / Y Y Y Y Y
03 / 23 / 2023

Transaction ID : SA11Al.195627

Amount of Each Receipt this Period

128.75

☐ Memo Item
Contribution

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. Grambihler, Anton, J, Mr.,

Mailing Address 2008 DAVISON AVE

City
RICHLAND

State
WA

Zip Code
99354-2015

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Best Efforts Info Requested

Occupation (for Individual)
Best Efforts Info Requested

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y
03 / 11 / 2023

Transaction ID : SA11Al.195630

Amount of Each Receipt this Period

500.00

☐ Memo Item
Contribution

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. Green, Jake, , Mr.,

Mailing Address 4514 CHAMBLEE DUNWOODY RD

City
ATLANTA

State
GA

Zip Code
30338-6272

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Self

Occupation (for Individual)
Filmmaker

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

375.00

Date of Receipt

M M / D D / Y Y Y Y Y
03 / 01 / 2023

Transaction ID : SA11Al.195652

Amount of Each Receipt this Period

125.00

☐ Memo Item
Contribution

SUBTOTAL of Receipts This Page (optional)..... ►

753.75

TOTAL This Period (last page this line number only)..... ►

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER: PAGE 19 OF 104
(check only one)☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

LIBERTARIAN NATIONAL COMMITTEE, INC.

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. Greenlee, Jonathan, N., ,

Mailing Address 7100 Oak Street, Arvada, CO

City

Arvada, CO

State

CO

Zip Code

80004-1460

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)

Golden Mountain Montessori

Occupation (for Individual)

Business Manager

Receipt For:

☐
☐

Primary

☐ General

Other (specify) ▼

Aggregate Year-to-Date ▼

375.00

Date of Receipt

M M / D D / Y Y Y Y Y
03 / 01 / 2023

Transaction ID : SA11AI.195660

Amount of Each Receipt this Period

125.00

☐ Memo Item
Contribution

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. Haggerty, James, P., ,

Mailing Address 1128 VIA GRANDE

City

CATHEDRAL CTY

State

CA

Zip Code

92234-4300

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)

Real Estate

Occupation (for Individual)

Agent

Receipt For:

☐
☐

Primary

☐ General

Other (specify) ▼

Aggregate Year-to-Date ▼

386.25

Date of Receipt

M M / D D / Y Y Y Y Y
03 / 01 / 2023

Transaction ID : SA11AI.195700

Amount of Each Receipt this Period

128.75

☐ Memo Item
Contribution

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. Hagopian, Todd, Christopher, ,

Mailing Address 11290 S 72ND EAST CT

City

BIXBY

State

OK

Zip Code

74008-2344

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)

Cash Flow Acquisitions, Inc.

Occupation (for Individual)

Owner

Receipt For:

☐
☐

Primary

☐ General

Other (specify)

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y
03 / 11 / 2023

Transaction ID : SA11AI.195703

Amount of Each Receipt this Period

100.00

☐ Memo Item
Contribution**SUBTOTAL** of Receipts This Page (optional)..... ►

353.75

TOTAL This Period (last page this line number only)..... ►

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 20 OF 104

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16
<input type="checkbox"/> 17			

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NAME OF COMMITTEE (In Full)

LIBERTARIAN NATIONAL COMMITTEE, INC.

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. Haseloff, Robert, Henry, , Jr

Mailing Address 4320 LAURIE MICHELLE RD

City
SAN ANTONIOState
TXZip Code
78261-1821FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
USAAOccupation (for Individual)
Contract negotiator

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

750.00

Date of Receipt

M M / D D / Y Y Y Y Y
03 / 01 / 2023

Transaction ID : SA11AI.195770

Amount of Each Receipt this Period

250.00

☐ Memo Item
Contribution

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. Healy, William, C., Mr.,Mailing Address 10002 AURORA AVE N # 5551
5551City
SEATTLEState
WAZip Code
98133-9347FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
LMRCOccupation (for Individual)
therapist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

375.00

Date of Receipt

M M / D D / Y Y Y Y Y
03 / 01 / 2023

Transaction ID : SA11AI.195797

Amount of Each Receipt this Period

125.00

☐ Memo Item
Contribution

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. Hertel, Jeremy, , ,

Mailing Address 706 Frame Rd

City
NewburghState
INZip Code
47630-1607FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Audubon MetalsOccupation (for Individual)
Software Developer

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

375.00

Date of Receipt

M M / D D / Y Y Y Y Y
03 / 01 / 2023

Transaction ID : SA11AI.195830

Amount of Each Receipt this Period

125.00

☐ Memo Item
Contribution**SUBTOTAL** of Receipts This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

500.00

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

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<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
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NAME OF COMMITTEE (In Full)

LIBERTARIAN NATIONAL COMMITTEE, INC.

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. Himes, Jason, Francis, ,

Mailing Address 909 N FORK TRL

City
GEORGETOWNState
TXZip Code
78633-2324FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
JacobsOccupation (for Individual)
Engineer

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y
03 / 04 / 2023

Transaction ID : SA11AI.195849

Amount of Each Receipt this Period

125.00

☐ Memo Item
Contribution

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. Hopkins, William, Robert, Mr, Jr

Mailing Address 2609 W SOUTHERN AVE LOT 158

City
TEMPEState
AZZip Code
85282-4219FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Alaska AirlinesOccupation (for Individual)
Sales

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

375.00

Date of Receipt

M M / D D / Y Y Y Y Y
03 / 01 / 2023

Transaction ID : SA11AI.195893

Amount of Each Receipt this Period

125.00

☐ Memo Item
Contribution

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. Horowitz, Jason, , ,

Mailing Address 31 DEERING LN

City
East RockawayState
NYZip Code
11518-1603FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Not EmployedOccupation (for Individual)
NOT EMPLOYED

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

262.50

Date of Receipt

M M / D D / Y Y Y Y Y
03 / 02 / 2023

Transaction ID : SA11AI.195897

Amount of Each Receipt this Period

257.50

☐ Memo Item
Contribution

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

507.50

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER: PAGE 22 OF 104
(check only one)☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

LIBERTARIAN NATIONAL COMMITTEE, INC.

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. Jascob, John, Max, Mr, Esq

Mailing Address PO BOX 253

City
TEMPERANCEState
MIZip Code
48182-0253FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
CCH IncorporatedOccupation (for Individual)
Content Management Consultant

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y
03 / 28 / 2023

Transaction ID : SA11AI.195973

Amount of Each Receipt this Period

250.00

☐ Memo Item
Contribution

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. Johnson, Matthew, , ,

Mailing Address 908 New Bedford Dr

City
DelandState
FLZip Code
32724-2952FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Marketing General Inc.Occupation (for Individual)
Online Marketing Coordinator

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

375.00

Date of Receipt

M M / D D / Y Y Y Y Y
03 / 01 / 2023

Transaction ID : SA11AI.195999

Amount of Each Receipt this Period

125.00

☐ Memo Item
Contribution

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. Karpicke, John, A, Dr,

Mailing Address 1152 IVY LN

City
IndianapolisState
INZip Code
46220-2657FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
NoneOccupation (for Individual)
Retired

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

386.25

Date of Receipt

M M / D D / Y Y Y Y Y
03 / 20 / 2023

Transaction ID : SA11AI.196051

Amount of Each Receipt this Period

128.75

☐ Memo Item
Contribution

SUBTOTAL of Receipts This Page (optional)..... ►

503.75

TOTAL This Period (last page this line number only)..... ►

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

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<input type="checkbox"/> 17			

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NAME OF COMMITTEE (In Full)

LIBERTARIAN NATIONAL COMMITTEE, INC.

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. Kula, Christopher, James, Mr.,

Mailing Address 863 VERMONT ST

City
OAKLANDState
CAZip Code
94610-2120FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)

Not Employed

Occupation (for Individual)

Web Developer

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

375.00

Date of Receipt

M M / D D / Y Y Y Y Y
03 / 01 / 2023

Transaction ID : SA11AI.196186

Amount of Each Receipt this Period

125.00

☐ Memo Item
Contribution

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. LaClair, James, , ,

Mailing Address 10180 FENCEPOST LN

City
Traverse CityState
MIZip Code
49685-7470FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)

NNF

Occupation (for Individual)

Owner

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

252.00

Date of Receipt

M M / D D / Y Y Y Y Y
03 / 01 / 2023

Transaction ID : SA11AI.196196

Amount of Each Receipt this Period

84.00

☐ Memo Item
Contribution

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

c. Lamb, George, Peter, Mr., III

Mailing Address 16 MARTHA'S LN

City
SANTA ROSA BEACHState
FLZip Code
32459-4172FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)

Applied Construction Technology

Occupation (for Individual)

Commerical Construction

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y Y
03 / 01 / 2023

Transaction ID : SA11AI.196202

Amount of Each Receipt this Period

100.00

☐ Memo Item
Contribution**SUBTOTAL** of Receipts This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

309.00

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

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☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

LIBERTARIAN NATIONAL COMMITTEE, INC.

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. Leahy, Roger, David, ,

Mailing Address 907 E JACKSON AVE

City
FAIRFIELD

State
IA

Zip Code
52556-3726

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Overland Sheepskin Co.

Occupation (for Individual)
business owner

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y Y
03 / 29 / 2023

Transaction ID : SA11AI.196236

Amount of Each Receipt this Period

100.00

☐ Memo Item
Contribution

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. Leatherbury, Jennifer, Diane, ,

Mailing Address 126 ARCHER RD

City
NEWPORT NEWS

State
VA

Zip Code
23606-1102

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Coastal Medical and Psychiatric Serv

Occupation (for Individual)
Physician Assistant

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

225.00

Date of Receipt

M M / D D / Y Y Y Y Y
03 / 01 / 2023

Transaction ID : SA11AI.196238

Amount of Each Receipt this Period

75.00

☐ Memo Item
Contribution

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. Levin, Andrew, C., ,

Mailing Address 101 EMERSON AVE

City
FLORAL PARK

State
NY

Zip Code
11001-1219

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Not Employed

Occupation (for Individual)
Student

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

257.50

Date of Receipt

M M / D D / Y Y Y Y Y
03 / 03 / 2023

Transaction ID : SA11AI.196277

Amount of Each Receipt this Period

257.50

☐ Memo Item
Contribution

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

432.50

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

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NAME OF COMMITTEE (In Full)

LIBERTARIAN NATIONAL COMMITTEE, INC.

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. Libkind, Ark, Isaac, ,

Mailing Address 8700 FRONTENAC ST

City
PhiladelphiaState
PAZip Code
19152-1109FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Prime Home Care, Inc.Occupation (for Individual)
Board Director

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

375.00

Date of Receipt

M M / D D / Y Y Y Y Y
03 / 01 / 2023

Transaction ID : SA11AI.196287

Amount of Each Receipt this Period

125.00

☐ Memo Item
Contribution

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. LiMandri, Matthew, , , Jr

Mailing Address 75 BLOOMINGDALE RD

City
LEVITTOWNState
NYZip Code
11756-5105FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Consolidated EdisonOccupation (for Individual)
Security

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y
03 / 24 / 2023

Transaction ID : SA11AI.196294

Amount of Each Receipt this Period

250.00

☐ Memo Item
Contribution

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. Macias, Matthew, , ,Mailing Address 616 N 7TH ST
APT 737City
SAINT LOUISState
MOZip Code
63101-1329FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Hogan TransportationOccupation (for Individual)
OTR Semi-Truck Driver

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

375.00

Date of Receipt

M M / D D / Y Y Y Y Y
03 / 01 / 2023

Transaction ID : SA11AI.196367

Amount of Each Receipt this Period

125.00

☐ Memo Item
Contribution**SUBTOTAL** of Receipts This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

500.00

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

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☒ 11a ☐ 11b ☐ 11c ☐ 12
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NAME OF COMMITTEE (In Full)

LIBERTARIAN NATIONAL COMMITTEE, INC.

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. Mazzetti, Matthew, , ,

Mailing Address 2258 BURGUNDY DR

City
MACUNGIE

State
PA

Zip Code
18062-8771

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)

Wendy's

Occupation (for Individual)

Crew

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

375.00

Date of Receipt

M M / D D / Y Y Y Y Y
03 / 01 / 2023

Transaction ID : SA11AI.196458

Amount of Each Receipt this Period

125.00

☐ Memo Item
Contribution

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. McGillen, Steven, Sean, ,

Mailing Address 2112 VANDERBILT LN UNIT C

City

Redondo Beach

State

CA

Zip Code

90278-3028

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Best Efforts Info Requested

Occupation (for Individual)

Sales

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

252.00

Date of Receipt

M M / D D / Y Y Y Y Y
03 / 01 / 2023

Transaction ID : SA11AI.196488

Amount of Each Receipt this Period

84.00

☐ Memo Item
Contribution

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. Moberly, Sean, , ,

Mailing Address 1623 District Dr

City

Morgantown

State

WV

Zip Code

26505-3835

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)

Insitu

Occupation (for Individual)

Operator

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

207.00

Date of Receipt

M M / D D / Y Y Y Y Y
03 / 07 / 2023

Transaction ID : SA11AI.196581

Amount of Each Receipt this Period

69.00

☐ Memo Item
Contribution

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

278.00

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

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☒ 11a ☐ 11b ☐ 11c ☐ 12
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NAME OF COMMITTEE (In Full)

LIBERTARIAN NATIONAL COMMITTEE, INC.

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. Morris, Jonathan, L, Mr,

Mailing Address 6663 DAYLILY DR

City
CARLSBAD

State
CA

Zip Code
92011-1269

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Retired Marine

Occupation (for Individual)
Retired Marine

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y
03 / 01 / 2023

Transaction ID : SA11AI.196627

Amount of Each Receipt this Period

250.00

☐ Memo Item
Contribution

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. Morton, Chuck, , Mr.,

Mailing Address 3481 VININGS NORTH TRL SE

City
SMYRNA

State
GA

Zip Code
30080-4581

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Self Employed

Occupation (for Individual)
Consultant

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y Y
03 / 06 / 2023

Transaction ID : SA11AI.196633

Amount of Each Receipt this Period

100.00

☐ Memo Item
Contribution

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. Moulton, Charles, , Dr.,

Mailing Address 1036 HEMLOCK DR

City
BLUE BELL

State
PA

Zip Code
19422-1572

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Twitch

Occupation (for Individual)
streamer

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y Y
03 / 01 / 2023

Transaction ID : SA11AI.196638

Amount of Each Receipt this Period

100.00

☐ Memo Item
Contribution

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

450.00

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary Page

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(check only one)

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<input type="checkbox"/> 17			

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NAME OF COMMITTEE (In Full)

LIBERTARIAN NATIONAL COMMITTEE, INC.

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. Nelson, Poppy, Jordana, ,

Mailing Address 1800 N OAK ST APT 608

City
GRAND RAPIDSState
MIZip Code
49506-2609FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
SelfOccupation (for Individual)
WAITRESS

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

257.50

Date of Receipt

M M / D D / Y Y Y Y Y
03 / 26 / 2023

Transaction ID : SA11AI.196672

Amount of Each Receipt this Period

257.50

☐ Memo Item
Contribution

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. Nevins, Michael, Olen, ,

Mailing Address 4880 BROOKLYN RD

City
JACKSONState
MIZip Code
49201-7814FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
RetiredOccupation (for Individual)
retired

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

875.00

Date of Receipt

M M / D D / Y Y Y Y Y
03 / 01 / 2023

Transaction ID : SA11AI.196684

Amount of Each Receipt this Period

125.00

☐ Memo Item
Contribution

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

c. O'Toole, Sean, T., ,

Mailing Address 3425 Gladstone Blvd

City
Kansas CityState
MOZip Code
64123-1112FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
U. Inc.Occupation (for Individual)
Executive

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y Y
03 / 01 / 2023

Transaction ID : SA11AI.196764

Amount of Each Receipt this Period

100.00

☐ Memo Item
Contribution

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

482.50

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
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<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
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<input type="checkbox"/> 17			

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NAME OF COMMITTEE (In Full)

LIBERTARIAN NATIONAL COMMITTEE, INC.

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. Osborne, Steven, Ray, ,

Mailing Address 412 RIVER OAKS DR

City
LULINGState
LAZip Code
70070-2144FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
NoneOccupation (for Individual)
Retired

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

252.00

Date of Receipt

M M / D D / Y Y Y Y Y
03 / 01 / 2023

Transaction ID : SA11AI.196761

Amount of Each Receipt this Period

84.00

☐ Memo Item
Contribution

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. Palmer, Brady, , Mister,

Mailing Address 841 E DUSTY ROCK PL

City
SANDYState
UTZip Code
84094-5307FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Airmethods Corp.Occupation (for Individual)
Helicopter Mechanic

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

386.25

Date of Receipt

M M / D D / Y Y Y Y Y
03 / 14 / 2023

Transaction ID : SA11AI.196778

Amount of Each Receipt this Period

128.75

☐ Memo Item
Contribution

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. Pelletier, Justin, M., Dr., PhD

Mailing Address 2 MISTY PINE RD

City
FairportState
NYZip Code
14450-2610FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Rochester Institute of TechnologyOccupation (for Individual)
Professor of Practice

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

375.00

Date of Receipt

M M / D D / Y Y Y Y Y
03 / 01 / 2023

Transaction ID : SA11AI.196832

Amount of Each Receipt this Period

125.00

☐ Memo Item
Contribution**SUBTOTAL** of Receipts This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

337.75

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary Page

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(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
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NAME OF COMMITTEE (In Full)

LIBERTARIAN NATIONAL COMMITTEE, INC.

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. Perkins, Timothy, Joash, ,

Mailing Address PO BOX 13573

City
SALEMState
ORZip Code
97309-1573FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)

N/a

Occupation (for Individual)

Father

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

375.00

Date of Receipt

M M / D D / Y Y Y Y Y
03 / 01 / 2023

Transaction ID : SA11AI.196838

Amount of Each Receipt this Period

125.00

☐ Memo Item
Contribution

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. Pohler, Clinton, James, Mr.,Mailing Address 609 HI CIR N
UNIT A

City

HORSESHOE BAY

State

TX

Zip Code

78657-5827

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)

Coupa Software

Occupation (for Individual)

Software Engineer

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

375.00

Date of Receipt

M M / D D / Y Y Y Y Y
03 / 01 / 2023

Transaction ID : SA11AI.196887

Amount of Each Receipt this Period

125.00

☐ Memo Item
Contribution

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. Potter, Pamela, E, ,

Mailing Address 538 SPRING PLACE RD NE

City

WHITE

State

GA

Zip Code

30184-2232

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)

N/a

Occupation (for Individual)

Retired

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

900.00

Date of Receipt

M M / D D / Y Y Y Y Y
03 / 12 / 2023

Transaction ID : SA11AI.196905

Amount of Each Receipt this Period

300.00

☐ Memo Item
Contribution

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

550.00

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER: PAGE 31 OF 104
(check only one)☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

LIBERTARIAN NATIONAL COMMITTEE, INC.

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. Raines, Alexander, Scott, ,

Mailing Address 670 DOWNEY GREEN ST APT 453

City
HamptonState
VAZip Code
23666-2283FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)

Best Efforts Info Requested

Occupation (for Individual)

Best Efforts Info Requested

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

259.56

Date of Receipt

M M / D D / Y Y Y Y Y
03 / 01 / 2023

Transaction ID : SA11AI.196956

Amount of Each Receipt this Period

86.52

☐ Memo Item
Contribution

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. Restly, Frank, T, Mr, Jr

Mailing Address 447 DARK SHADE DR

City
WINDBERState
PAZip Code
15963-6813FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
HF Lenz CompanyOccupation (for Individual)
Electrical Engineer

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y
03 / 20 / 2023

Transaction ID : SA11AI.197005

Amount of Each Receipt this Period

500.00

☐ Memo Item
Contribution

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. Rich, Perry, L, Mr,

Mailing Address 7117 ALLISON WAY

City
KNOXVILLEState
TNZip Code
37918-0963FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)

Retired

Occupation (for Individual)

Retired

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

257.50

Date of Receipt

M M / D D / Y Y Y Y Y
03 / 28 / 2023

Transaction ID : SA11AI.197017

Amount of Each Receipt this Period

128.75

☐ Memo Item
Contribution

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

715.27

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

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☒ 11a ☐ 11b ☐ 11c ☐ 12
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NAME OF COMMITTEE (In Full)

LIBERTARIAN NATIONAL COMMITTEE, INC.

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. Rodenkirch, John, J.,

Mailing Address 726 HICKORY LN

City

CAROL STREAM

State

IL

Zip Code

60188-9146

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)

Retired

Occupation (for Individual)

Retired

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

206.00

Date of Receipt

M M / D D / Y Y Y Y Y
03 / 16 / 2023

Transaction ID : SA11AI.197060

Amount of Each Receipt this Period

103.00

☐ Memo Item
Contribution

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. Salvette, Emily, Hopp, Mrs.,

Mailing Address 2016 DEVONSHIRE RD

City

ANN ARBOR

State

MI

Zip Code

48104-4058

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)

None

Occupation (for Individual)

Retired

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y Y
03 / 13 / 2023

Transaction ID : SA11AI.197132

Amount of Each Receipt this Period

100.00

☐ Memo Item
Contribution

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. Sarrouh, Souheil, Farres, ,

Mailing Address 6806 CLARK VISTA DR

City

DALLAS

State

TX

Zip Code

75236-5811

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)

Retired

Occupation (for Individual)

Tool & Die Maker/ Army Reserve

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y
03 / 19 / 2023

Transaction ID : SA11AI.197140

Amount of Each Receipt this Period

250.00

☐ Memo Item
Contribution

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

453.00

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

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<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
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NAME OF COMMITTEE (In Full)

LIBERTARIAN NATIONAL COMMITTEE, INC.

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. Schlegel, Kenneth, Lee, ,

Mailing Address 1169 LORD DUNMORE DR

City
VIRGINIA BEACHState
VAZip Code
23464-5447FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)

Self employed

Occupation (for Individual)

Analyst

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

375.00

Date of Receipt

M M / D D / Y Y Y Y Y
03 / 01 / 2023

Transaction ID : SA11Al.197158

Amount of Each Receipt this Period

125.00

☐ Memo Item
Contribution

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. Schoeb, Trenton, Robert, Dr,

Mailing Address 239 ODUM CREST LN

City
HOOVERState
ALZip Code
35226-1093FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
University of Alabama At BirminghamOccupation (for Individual)
consultant

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y Y
03 / 06 / 2023

Transaction ID : SA11Al.197167

Amount of Each Receipt this Period

100.00

☐ Memo Item
Contribution

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. Seebeck, Michael, William John, Mr,

Mailing Address 347 PINE HILL CIR

City
UNION GROVEState
ALZip Code
35175-9436FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)

Lockheed Martin

Occupation (for Individual)

Systems Engineer

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

375.00

Date of Receipt

M M / D D / Y Y Y Y Y
03 / 01 / 2023

Transaction ID : SA11Al.197212

Amount of Each Receipt this Period

125.00

☐ Memo Item
Contribution

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

350.00

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER: PAGE 34 OF 104
(check only one)☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

LIBERTARIAN NATIONAL COMMITTEE, INC.

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. Sharkey, Tim, , ,

Mailing Address 3626 SUMMERFORD DR

City
MARIETTAState
GAZip Code
30062-7016FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Sharkey Real Estate, LLCOccupation (for Individual)
Founder/CEO

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

206.00

Date of Receipt

M M / D D / Y Y Y Y Y
03 / 18 / 2023

Transaction ID : SA11AI.197242

Amount of Each Receipt this Period

206.00

☐ Memo Item
Contribution

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. Sorenson, William, George, ,

Mailing Address 4915 EAGLE CREEK BLVD

City
SHAKOPEEState
MNZip Code
55379-8001FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Nevelex CorporationOccupation (for Individual)
System Administrator

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

375.00

Date of Receipt

M M / D D / Y Y Y Y Y
03 / 01 / 2023

Transaction ID : SA11AI.197367

Amount of Each Receipt this Period

125.00

☐ Memo Item
Contribution

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. Stevens, Shantell, , ,

Mailing Address 16402 W MAIN ST

City
LOUISVILLEState
MSZip Code
39339-2646FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Polo Custom ProductsOccupation (for Individual)
Training Administrator

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y
03 / 05 / 2023

Transaction ID : SA11AI.197427

Amount of Each Receipt this Period

125.00

☐ Memo Item
Contribution

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

456.00

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

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<input checked="checked" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16
<input type="checkbox"/> 17			

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NAME OF COMMITTEE (In Full)

LIBERTARIAN NATIONAL COMMITTEE, INC.

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. Stewart, Scott, Alan, Mr.,

Mailing Address 8401 E APPOMATTOX ST

City
TUCSONState
AZZip Code
85710-2922FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Control Vision, Inc.Occupation (for Individual)
Engineer

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

506.80

Date of Receipt

M M / D D / Y Y Y Y Y
03 / 14 / 2023

Transaction ID : SA11AI.197437

Amount of Each Receipt this Period

40.00

☐ Memo Item
Contribution

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. St John, James, Joseph, Mr,

Mailing Address 3421 W BONNER DR

City
NORFOLKState
VAZip Code
23513-4250FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Assured ConstructionOccupation (for Individual)
Carpenter/Contruction

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

386.25

Date of Receipt

M M / D D / Y Y Y Y Y
03 / 22 / 2023

Transaction ID : SA11AI.197391

Amount of Each Receipt this Period

128.75

☐ Memo Item
Contribution

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. Strugatskiy, Ivan, , ,

Mailing Address 1081 PALMER AVE

City
LARCHMONTState
NYZip Code
10538-3316FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
IVS Adviaory LLCOccupation (for Individual)
Consultant

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

450.00

Date of Receipt

M M / D D / Y Y Y Y Y
03 / 01 / 2023

Transaction ID : SA11AI.197464

Amount of Each Receipt this Period

150.00

☐ Memo Item
Contribution

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

318.75

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER: PAGE 36 OF 104
(check only one)☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

LIBERTARIAN NATIONAL COMMITTEE, INC.

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. Sugden, Ryan, , ,

Mailing Address 16422 NE 29TH ST

City
BELLEVUEState
WAZip Code
98008-2114FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
SelfOccupation (for Individual)
CPA

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

375.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
03 / 01 / 2023

Transaction ID : SA11AI.197472

Amount of Each Receipt this Period

125.00

☐ Memo Item
Contribution

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. Swier, Schuyler, , ,Mailing Address 107 N BENTON DR
APT 107City
SAUK RAPIDSState
MNZip Code
56379-1486FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Best Efforts Info RequestedOccupation (for Individual)
Best Efforts Info Requested

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

375.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
03 / 28 / 2023

Transaction ID : SA11AI.197495

Amount of Each Receipt this Period

125.00

☐ Memo Item
Contribution

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. Swift, Jim, , Dr.,

Mailing Address 850 W Tellier Trl

City
WickenburgState
AZZip Code
85390-6247FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
SelfOccupation (for Individual)
Entrepreneur

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

252.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
03 / 01 / 2023

Transaction ID : SA11AI.197496

Amount of Each Receipt this Period

84.00

☐ Memo Item
Contribution

SUBTOTAL of Receipts This Page (optional)..... ►

334.00

TOTAL This Period (last page this line number only)..... ►

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
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NAME OF COMMITTEE (In Full)

LIBERTARIAN NATIONAL COMMITTEE, INC.

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. Test, Charles, Davol, Mr.,

Mailing Address 2710 2ND AVE S

City
MINNEAPOLISState
MNZip Code
55408-1710FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
SelfOccupation (for Individual)
Retired

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

375.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
03 / 20 / 2023

Transaction ID : SA11AI.197525

Amount of Each Receipt this Period

125.00

☐ Memo Item
Contribution

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. Thompson, Stewart, Alan, Dr., PhD

Mailing Address 27351 E EL MACERO DR

City
EL MACEROState
CAZip Code
95618-1004FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
RetiredOccupation (for Individual)
Retired

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

259.56

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
03 / 01 / 2023

Transaction ID : SA11AI.197548

Amount of Each Receipt this Period

86.52

☐ Memo Item
Contribution

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. Todd, Jeremy, Ryan, ,

Mailing Address 116 CARRIAGE PARK DR

City
ALEXANDRIAState
KYZip Code
41001-1079FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
PNC BankOccupation (for Individual)
Assistant Branch Manager

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

386.25

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
03 / 01 / 2023

Transaction ID : SA11AI.197555

Amount of Each Receipt this Period

128.75

☐ Memo Item
Contribution

SUBTOTAL of Receipts This Page (optional).....▶

340.27

TOTAL This Period (last page this line number only).....▶

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

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☒ 11a ☐ 11b ☐ 11c ☐ 12
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NAME OF COMMITTEE (In Full)

LIBERTARIAN NATIONAL COMMITTEE, INC.

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. Vogel, Christopher, , ,

Mailing Address 3845 McGrath Dr

City
Dublin

State
OH

Zip Code
43016-4173

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
NetJets Inc.

Occupation (for Individual)
pilot

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

375.00

Date of Receipt

M M / D D / Y Y Y Y Y
03 / 01 / 2023

Transaction ID : SA11Al.197677

Amount of Each Receipt this Period

125.00

☐ Memo Item
Contribution

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. Wescott, Thomas, R., ,

Mailing Address 86-177 Moeha St

City
Waianae

State
HI

Zip Code
96792-4407

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Commercial Plumbing Inc.

Occupation (for Individual)
Plumber

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

386.25

Date of Receipt

M M / D D / Y Y Y Y Y
03 / 01 / 2023

Transaction ID : SA11Al.197752

Amount of Each Receipt this Period

128.75

☐ Memo Item
Contribution

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. Westergren, Alexis, Marie, Mrs.,

Mailing Address 39W381 Baker Dr

City
Geneva

State
IL

Zip Code
60134-6114

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Allstate

Occupation (for Individual)
Marketing Manager

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y
03 / 06 / 2023

Transaction ID : SA11Al.197759

Amount of Each Receipt this Period

250.00

☐ Memo Item
Contribution

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

503.75

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER: PAGE 39 OF 104
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NAME OF COMMITTEE (In Full)

LIBERTARIAN NATIONAL COMMITTEE, INC.

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. Whiting, Rebecca, , ,

Mailing Address 9099 Walnut Rd SE

City
BemidjiState
MNZip Code
56601-9502FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)

Self Employed

Occupation (for Individual)

Agriculture

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

252.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
03 / 01 / 2023

Transaction ID : SA11AI.197788

Amount of Each Receipt this Period

84.00

☐ Memo Item
Contribution

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. Wicklund, Matthew, Paul, Dr.,

Mailing Address 5491 E Geddes Pl

City
CentennialState
COZip Code
80122-2560FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)

University of Colorado

Occupation (for Individual)

Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
03 / 01 / 2023

Transaction ID : SA11AI.197797

Amount of Each Receipt this Period

100.00

☐ Memo Item
Contribution

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. Windsor, Brett, Andrew, Dr.,Mailing Address 21300 LANCASTER RUN UNIT 925
UNIT 925City
ESTEROState
FLZip Code
33928-6300FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)

NAIOMT

Occupation (for Individual)

Physical Therapist

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

375.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
03 / 01 / 2023

Transaction ID : SA11AI.197838

Amount of Each Receipt this Period

125.00

☐ Memo Item
Contribution**SUBTOTAL** of Receipts This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

309.00

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER: PAGE 40 OF 104
(check only one)☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

LIBERTARIAN NATIONAL COMMITTEE, INC.

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. Wray, Justin, , ,

Mailing Address 185 Jonathan Way N

City
Red LionState
PAZip Code
17356-9038FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
CoreBTSOccupation (for Individual)
Cyber Security

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

540.75

Date of Receipt

M M / D D / Y Y Y Y Y
03 / 01 / 2023

Transaction ID : SA11AI.197869

Amount of Each Receipt this Period

180.25

☐ Memo Item
Contribution

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. Young, Dallas, , Ms,

Mailing Address 5338 N SHERIDAN RD

City
PEORIAState
ILZip Code
61614-4872FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Best Efforts Info RequestedOccupation (for Individual)
Best Efforts Info Requested

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1545.00

Date of Receipt

M M / D D / Y Y Y Y Y
03 / 08 / 2023

Transaction ID : SA11AI.197895

Amount of Each Receipt this Period

1545.00

☐ Memo Item
Contribution

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C.

Mailing Address

City

State

Zip Code

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)

Occupation (for Individual)

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

Date of Receipt

M M / D D / Y Y Y Y Y

Amount of Each Receipt this Period

☐ Memo Item**SUBTOTAL** of Receipts This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

1725.25

21758.40

SCHEDULE A (FEC Form 3X)

ITEMIZED RECEIPTS

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 41 OF 104

(check only one)

<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input checked="" type="checkbox"/> 15	<input type="checkbox"/> 16
			<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)

LIBERTARIAN NATIONAL COMMITTEE, INC.

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. Cooley, Johnathan, , ,

Mailing Address 89 Morning Dew Rd

City
LaurelState
MSZip Code
39443-0000FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)

Best Efforts Info Requested

Occupation (for Individual)

Communications Executive

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

489.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
03		31		2023

Transaction ID : SA15.198084

Amount of Each Receipt this Period

489.00

☐ Memo Item
☐ COBRA Payment

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B.

Mailing Address

City

State

Zip Code

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)

Occupation (for Individual)

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y

Amount of Each Receipt this Period

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C.

Mailing Address

City

State

Zip Code

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)

Occupation (for Individual)

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y

Amount of Each Receipt this Period

☐ Memo Item

SUBTOTAL of Receipts This Page (optional)..... ►

489.00

TOTAL This Period (last page this line number only)..... ►

489.00

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 42 OF 104
(check only one)

☐ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☒ 17

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NAME OF COMMITTEE (In Full)

LIBERTARIAN NATIONAL COMMITTEE, INC.

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. Grill, David, , ,

Mailing Address 2702 WILLOW BEND RD

City
CHAMPAIGN

State
IL

Zip Code
61822-7592

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Regency Management Service

Occupation (for Individual)
business exec

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
03 / 01 / 2023

Transaction ID : SA17.195671

Amount of Each Receipt this Period

100.00

☐ Memo Item

Headquarters Account - Contribution

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B.

Mailing Address

City

State

Zip Code

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)

Occupation (for Individual)

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

Date of Receipt

M M / D D / Y Y Y Y Y Y

Amount of Each Receipt this Period

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C.

Mailing Address

City

State

Zip Code

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)

Occupation (for Individual)

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

Date of Receipt

M M / D D / Y Y Y Y Y Y

Amount of Each Receipt this Period

☐ Memo Item

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

100.00

100.00

X	21b		22		23		26		27
	28a		28b		28c		29		30b

LIBERTARIAN NATIONAL COMMITTEE, INC.

Category/
Type

71.93

 Memo Item

State: District:

Category/
Type

917.50

Memo Item

State: District:

Category/
Type

24.75

X Memo Item

State: District:

989.43

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: 97 `A=G79 @G B9CI G`H9LH`F9 @G H98 `HC`5 `F9DCFHŽG7 <98I @G `CF`+H9A=N5HCB
.

Form/Schedule: SB21B

Transaction ID : SB21B.197951

See BB&T Truist Visa 03-31-23

Form/Schedule:

Transaction ID:

<input checked="" type="checkbox"/>	21b	<input type="checkbox"/>	22	<input type="checkbox"/>	23	<input type="checkbox"/>	26	<input type="checkbox"/>	27
<input type="checkbox"/>	28a	<input type="checkbox"/>	28b	<input type="checkbox"/>	28c	<input type="checkbox"/>	29	<input type="checkbox"/>	30b

FEC Schedule B (Form 3X) Rev. 05/2016

: 97 `A-G79 @G B9CI G`H9LH`F9 @H98 `HC`5 `F9DCFHŽG7 <98I @`CF`+H9A-N5HCB
.

Form/Schedule: SB21B

Transaction ID : SB21B.197950

See BB&T Truist Visa 03-31-23

Form/Schedule: SB21B

Transaction ID: SB21B.197952

See BB&T Truist Visa 03-31-23

: 97 `A=G79 @G B9CI G`H9LH`F9 @G H98 `HC`5 `F9DCFHŽG7 <98I @G `CF`+H9A=N5HCB
.

Form/Schedule: SB21B

Transaction ID : SB21B.197953

See BB&T Truist Visa 03-31-23

Form/Schedule:

Transaction ID:

X	21b		22		23		26		27
	28a		28b		28c		29		30b

LIBERTARIAN NATIONAL COMMITTEE, INC.

Three 7-segment displays are shown, each with a label above it. The first display is labeled 'M M' and shows the number '03'. The second display is labeled 'D D' and shows the number '01'. The third display is labeled 'Y Y Y Y' and shows the year '2023'. The displays are arranged horizontally and separated by slashes.

State: District:

792.38

Memo Item

MM / DD / YYYY

State: District:

792.39

Memo Item

State: District:

792.40

Memo Item

2377.17

[illegible]

SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 50 OF 104

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 26	<input type="checkbox"/> 27
<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

LIBERTARIAN NATIONAL COMMITTEE, INC.

Full Name (Last, First, Middle Initial)

A. Butts, Matthew, , Mr.,

Mailing Address 1848 El Rey St

City
RosamondState
CAZip Code
93560-7559Purpose of Disbursement
Employee Net Pay

Candidate Name

Office Sought:

<input type="checkbox"/>	House
<input type="checkbox"/>	Senate
<input type="checkbox"/>	President

State: District:

Disbursement For:

<input type="checkbox"/>	Primary	<input type="checkbox"/>	General
<input type="checkbox"/>	Other (specify) ▼		

Category/
Type

Date of Disbursement

M	M	M	/	D	D	/	Y	Y	Y	Y	Y	Y
0	3			0	1							2023

FEC Identification Number

C Transaction ID : SB21B.19798

Amount of Each Disbursement this Period

1084.68

☐ Memo Item

Full Name (Last, First, Middle Initial)

B. Butts, Matthew, , Mr.,

Mailing Address 1848 El Rey St

City
RosamondState
CAZip Code
93560-7559Purpose of Disbursement
Employee Net Pay

Candidate Name

Office Sought:

<input type="checkbox"/>	House
<input type="checkbox"/>	Senate
<input type="checkbox"/>	President

State: District:

Disbursement For:

<input type="checkbox"/>	Primary	<input type="checkbox"/>	General
<input type="checkbox"/>	Other (specify) ▼		

Category/
Type

Date of Disbursement

M	M	M	/	D	D	/	Y	Y	Y	Y	Y	Y
0	3			1	5							2023

FEC Identification Number

C Transaction ID : SB21B.19798

Amount of Each Disbursement this Period

1084.68

☐ Memo Item

Full Name (Last, First, Middle Initial)

C. Butts, Matthew, , Mr.,

Mailing Address 1848 El Rey St

City
RosamondState
CAZip Code
93560-7559Purpose of Disbursement
Employee Net Pay

Candidate Name

Office Sought:

<input type="checkbox"/>	House
<input type="checkbox"/>	Senate
<input type="checkbox"/>	President

State: District:

Disbursement For:

<input type="checkbox"/>	Primary	<input type="checkbox"/>	General
<input type="checkbox"/>	Other (specify) ▼		

Category/
Type

Date of Disbursement

M	M	M	/	D	D	/	Y	Y	Y	Y	Y	Y
0	3			2	9							2023

FEC Identification Number

C Transaction ID : SB21B.19798

Amount of Each Disbursement this Period

1084.68

☐ Memo Item**SUBTOTAL** of Disbursements This Page (optional)..... ►

3254.04

TOTAL This Period (last page this line number only)..... ►

SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 51 OF 104

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 26	<input type="checkbox"/> 27
<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

LIBERTARIAN NATIONAL COMMITTEE, INC.

Full Name (Last, First, Middle Initial)

A. CareFirst BlueChoice, Inc.

Mailing Address PO Box 79749

City
BaltimoreState
MDZip Code
21279-0749Purpose of Disbursement
Employee health and Dental

Candidate Name

Office Sought:

<input type="checkbox"/>	House
<input type="checkbox"/>	Senate
<input type="checkbox"/>	President

State: District:

Disbursement For:

<input type="checkbox"/>	Primary	<input type="checkbox"/>	General
<input type="checkbox"/>	Other (specify) ▼		

Date of Disbursement

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
0	3			0	1			2	0	2	3		

FEC Identification Number

C

Transaction ID : SB21B.19798

Amount of Each Disbursement this Period

1910.41

☐ Memo Item

Full Name (Last, First, Middle Initial)

B. CNA Insurance

Mailing Address PO Box 74007619

City
ChicagoState
ILZip Code
60674-7619Purpose of Disbursement
Workers Comp Insurance

Candidate Name

Office Sought:

<input type="checkbox"/>	House
<input type="checkbox"/>	Senate
<input type="checkbox"/>	President

State: District:

Disbursement For:

<input type="checkbox"/>	Primary	<input type="checkbox"/>	General
<input type="checkbox"/>	Other (specify) ▼		

Date of Disbursement

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
0	3			2	3			2	0	2	3		

FEC Identification Number

C

Transaction ID : SB21B.19798

Amount of Each Disbursement this Period

661.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

C. Comcast

Mailing Address PO Box 37601

City
PhiladelphiaState
PAZip Code
19101-0601Purpose of Disbursement
Cable Internet & Phone

Candidate Name

Office Sought:

<input type="checkbox"/>	House
<input type="checkbox"/>	Senate
<input type="checkbox"/>	President

State: District:

Disbursement For:

<input type="checkbox"/>	Primary	<input type="checkbox"/>	General
<input type="checkbox"/>	Other (specify) ▼		

Date of Disbursement

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
0	3			1	9			2	0	2	3		

FEC Identification Number

C

Transaction ID : SB21B.19798

Amount of Each Disbursement this Period

843.98

☒ Memo Item

SUBTOTAL of Disbursements This Page (optional).....▶

2571.41

TOTAL This Period (last page this line number only).....▶

: 97 `A=G79 @Q5 B9CI G`H9LH`F9 @5 H98 `HC`5 `F9DCFHŽG7 <98I @Q`CF`+H9A=N5HCB
.

Form/Schedule: SB21B

Transaction ID : SB21B.197955

See BB&T Truist Visa 03-31-23

Form/Schedule:

Transaction ID:

X	21b		22		23		26		27
	28a		28b		28c		29		30b

LIBERTARIAN NATIONAL COMMITTEE, INC.

Category/
Type

C

451.14

 Memo Item

State: District:

MM / DD / YYYY

Category/
Type

C							
---	--	--	--	--	--	--	--

6.00

 Memo Item

State: District:

Category/
Type

C

706.81

 Memo Item

State: District:

0.00

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: 97 `A-G79 @G B9CI G`H9LH`F9 @H98 `HC`5 `F9DCFHŽG7 <98I @`CF`+H9A-N5HCB
.

Form/Schedule: SB21B

Transaction ID : SB21B.197956

See BB&T Truist Visa 03-31-23

Form/Schedule: SB21B

Transaction ID: SB21B.197957

See BB&T Truist Visa 03-31-23

: 97 `A=G79 @G B9CI G`H9LH`F9 @H98 `HC`5 `F9DCFHŽG7 <98I @`CF`+H9A=N5HCB
.

Form/Schedule: SB21B

Transaction ID : SB21B.197958

See BB&T Truist Visa 03-31-23

Form/Schedule:

Transaction ID:

<input checked="" type="checkbox"/>	21b	<input type="checkbox"/>	22	<input type="checkbox"/>	23	<input type="checkbox"/>	26	<input type="checkbox"/>	27
<input type="checkbox"/>	28a	<input type="checkbox"/>	28b	<input type="checkbox"/>	28c	<input type="checkbox"/>	29	<input type="checkbox"/>	30b

LIBERTARIAN NATIONAL COMMITTEE, INC.

A diagram of a rectangular frame structure. It consists of two horizontal bars at the top and bottom, and ten vertical bars connecting them. The vertical bars are evenly spaced along the length of the frame.

: 97 `A=G79 @G B9CI G`H9LH`F9 @H98 `HC`5 `F9DCFHŽG7 <98I @`CF`+H9A=N5HCB
.

Form/Schedule: SB21B

Transaction ID : SB21B.197959

See BB&T Truist Visa 03-31-23

Form/Schedule:

Transaction ID:

SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 58 OF 104

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 26	<input type="checkbox"/> 27
<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

LIBERTARIAN NATIONAL COMMITTEE, INC.

Full Name (Last, First, Middle Initial)

A. Financial Agent Federal Tax Deposit

Mailing Address PO Box 970030

City
St. LouisState
MOZip Code
63197-0030Purpose of Disbursement
Federal Withholding

Candidate Name

Office Sought:

<input type="checkbox"/>	House
<input type="checkbox"/>	Senate
<input type="checkbox"/>	President

State: District:

Disbursement For:

<input type="checkbox"/>	Primary	<input type="checkbox"/>	General
<input type="checkbox"/>	Other (specify) ▼		

Category/
Type

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
03		01		2023

FEC Identification Number

C

Transaction ID : SB21B.19799

Amount of Each Disbursement this Period

2379.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

B. Financial Agent Federal Tax Deposit

Mailing Address PO Box 970030

City
St. LouisState
MOZip Code
63197-0030Purpose of Disbursement
Medicare Company

Candidate Name

Office Sought:

<input type="checkbox"/>	House
<input type="checkbox"/>	Senate
<input type="checkbox"/>	President

State: District:

Disbursement For:

<input type="checkbox"/>	Primary	<input type="checkbox"/>	General
<input type="checkbox"/>	Other (specify) ▼		

Category/
Type

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
03		01		2023

FEC Identification Number

C

Transaction ID : SB21B.19799

Amount of Each Disbursement this Period

245.14

☐ Memo Item

Full Name (Last, First, Middle Initial)

C. Financial Agent Federal Tax Deposit

Mailing Address PO Box 970030

City
St. LouisState
MOZip Code
63197-0030Purpose of Disbursement
Medicare Employee

Candidate Name

Office Sought:

<input type="checkbox"/>	House
<input type="checkbox"/>	Senate
<input type="checkbox"/>	President

State: District:

Disbursement For:

<input type="checkbox"/>	Primary	<input type="checkbox"/>	General
<input type="checkbox"/>	Other (specify) ▼		

Category/
Type

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
03		01		2023

FEC Identification Number

C

Transaction ID : SB21B.19799

Amount of Each Disbursement this Period

245.14

☐ Memo Item

SUBTOTAL of Disbursements This Page (optional)..... ►

2869.28

TOTAL This Period (last page this line number only)..... ►

SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 59 OF 104

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 26	<input type="checkbox"/> 27
<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

LIBERTARIAN NATIONAL COMMITTEE, INC.

Full Name (Last, First, Middle Initial)

A. Financial Agent Federal Tax Deposit

Mailing Address PO Box 970030

City
St. LouisState
MOZip Code
63197-0030Purpose of Disbursement
Social Security Company

Candidate Name

Office Sought:

<input type="checkbox"/>	House
<input type="checkbox"/>	Senate
<input type="checkbox"/>	President

State: District:

Disbursement For:

<input type="checkbox"/>	Primary	<input type="checkbox"/>	General
<input type="checkbox"/>	Other (specify) ▼		

Category/
Type

Date of Disbursement

M	M	M	/	D	D	/	Y	Y	Y	Y	Y	Y
0	3			0	1							2023

FEC Identification Number

C

Transaction ID : SB21B.19799

Amount of Each Disbursement this Period

1048.16

☐ Memo Item

Full Name (Last, First, Middle Initial)

B. Financial Agent Federal Tax Deposit

Mailing Address PO Box 970030

City
St. LouisState
MOZip Code
63197-0030Purpose of Disbursement
Social Security Employee

Candidate Name

Office Sought:

<input type="checkbox"/>	House
<input type="checkbox"/>	Senate
<input type="checkbox"/>	President

State: District:

Disbursement For:

<input type="checkbox"/>	Primary	<input type="checkbox"/>	General
<input type="checkbox"/>	Other (specify)		

Category/
Type

Date of Disbursement

M	M	M	/	D	D	/	Y	Y	Y	Y	Y	Y
0	3			0	1							2023

FEC Identification Number

C

Transaction ID : SB21B.19800

Amount of Each Disbursement this Period

1048.16

☐ Memo Item

Full Name (Last, First, Middle Initial)

C. Financial Agent Federal Tax Deposit

Mailing Address PO Box 970030

City
St. LouisState
MOZip Code
63197-0030Purpose of Disbursement
Federal Unemployment

Candidate Name

Office Sought:

<input type="checkbox"/>	House
<input type="checkbox"/>	Senate
<input type="checkbox"/>	President

State: District:

Disbursement For:

<input type="checkbox"/>	Primary	<input type="checkbox"/>	General
<input type="checkbox"/>	Other (specify) ▼		

Category/
Type

Date of Disbursement

M	M	M	/	D	D	/	Y	Y	Y	Y	Y	Y
0	3			1	5							2023

FEC Identification Number

C

Transaction ID : SB21B.19800

Amount of Each Disbursement this Period

12.98

☐ Memo Item

SUBTOTAL of Disbursements This Page (optional).....▶

2109.30

TOTAL This Period (last page this line number only).....▶

X	21b		22		23		26		27
	28a		28b		28c		29		30b

LIBERTARIAN NATIONAL COMMITTEE, INC.

A. Financial Agent Federal Tax Deposit

Category/
Type

2367.00

Memo Item

B. Financial Agent Federal Tax Deposit

Category/
Type

243.62

Memo Item

C. Financial Agent Federal Tax Deposit

Category/
Type

243.62

Memo Item

2854.24

SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 61 OF 104

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 26	<input type="checkbox"/> 27
<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

LIBERTARIAN NATIONAL COMMITTEE, INC.

Full Name (Last, First, Middle Initial)

A. Financial Agent Federal Tax Deposit

Mailing Address PO Box 970030

City
St. LouisState
MOZip Code
63197-0030Purpose of Disbursement
Social Security Company

Candidate Name

Office Sought:

<input type="checkbox"/>	House
<input type="checkbox"/>	Senate
<input type="checkbox"/>	President

State: District:

Disbursement For:

<input type="checkbox"/>	Primary	<input type="checkbox"/>	General
<input type="checkbox"/>	Other (specify) ▼		

Date of Disbursement

M	M	M	/	D	D	/	Y	Y	Y	Y	Y	Y
0	3			1	5			2	0	2	3	

FEC Identification Number

C

Transaction ID : SB21B.19800

Amount of Each Disbursement this Period

1041.69

☐ Memo Item

Full Name (Last, First, Middle Initial)

B. Financial Agent Federal Tax Deposit

Mailing Address PO Box 970030

City
St. LouisState
MOZip Code
63197-0030Purpose of Disbursement
Social Security Employee

Candidate Name

Office Sought:

<input type="checkbox"/>	House
<input type="checkbox"/>	Senate
<input type="checkbox"/>	President

State: District:

Disbursement For:

<input type="checkbox"/>	Primary	<input type="checkbox"/>	General
<input type="checkbox"/>	Other (specify) ▼		

Date of Disbursement

M	M	M	/	D	D	/	Y	Y	Y	Y	Y	Y
0	3			1	5			2	0	2	3	

FEC Identification Number

C

Transaction ID : SB21B.19800

Amount of Each Disbursement this Period

1041.69

☐ Memo Item

Full Name (Last, First, Middle Initial)

C. Financial Agent Federal Tax Deposit

Mailing Address PO Box 970030

City
St. LouisState
MOZip Code
63197-0030Purpose of Disbursement
Federal Unemployment

Candidate Name

Office Sought:

<input type="checkbox"/>	House
<input type="checkbox"/>	Senate
<input type="checkbox"/>	President

State: District:

Disbursement For:

<input type="checkbox"/>	Primary	<input type="checkbox"/>	General
<input type="checkbox"/>	Other (specify) ▼		

Date of Disbursement

M	M	M	/	D	D	/	Y	Y	Y	Y	Y	Y
0	3			2	9			2	0	2	3	

FEC Identification Number

C

Transaction ID : SB21B.19800

Amount of Each Disbursement this Period

7.42

☐ Memo Item

SUBTOTAL of Disbursements This Page (optional).....▶

2090.80

TOTAL This Period (last page this line number only).....▶

SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 62 OF 104

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 26	<input type="checkbox"/> 27
<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

LIBERTARIAN NATIONAL COMMITTEE, INC.

Full Name (Last, First, Middle Initial)

A. Financial Agent Federal Tax Deposit

Mailing Address PO Box 970030

City
St. LouisState
MOZip Code
63197-0030Purpose of Disbursement
Federal Withholding

Candidate Name

Office Sought:

<input type="checkbox"/>	House
<input type="checkbox"/>	Senate
<input type="checkbox"/>	President

Disbursement For:

<input type="checkbox"/>	Primary	<input type="checkbox"/>	General
<input type="checkbox"/>	Other (specify) ▼		

State: District:

Date of Disbursement

M	M	M	/	D	D	/	Y	Y	Y	Y	Y	Y
0	3			2	9			2	0	2	3	

FEC Identification Number

C

Transaction ID : SB21B.19800

Amount of Each Disbursement this Period

2367.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

B. Financial Agent Federal Tax Deposit

Mailing Address PO Box 970030

City
St. LouisState
MOZip Code
63197-0030Purpose of Disbursement
Medicare Company

Candidate Name

Office Sought:

<input type="checkbox"/>	House
<input type="checkbox"/>	Senate
<input type="checkbox"/>	President

Disbursement For:

<input type="checkbox"/>	Primary	<input type="checkbox"/>	General
<input type="checkbox"/>	Other (specify)		

State: District:

Date of Disbursement

M	M	M	/	D	D	/	Y	Y	Y	Y	Y	Y
0	3			2	9			2	0	2	3	

FEC Identification Number

C

Transaction ID : SB21B.19800

Amount of Each Disbursement this Period

243.66

☐ Memo Item

Full Name (Last, First, Middle Initial)

C. Financial Agent Federal Tax Deposit

Mailing Address PO Box 970030

City
St. LouisState
MOZip Code
63197-0030Purpose of Disbursement
Medicare Employee

Candidate Name

Office Sought:

<input type="checkbox"/>	House
<input type="checkbox"/>	Senate
<input type="checkbox"/>	President

Disbursement For:

<input type="checkbox"/>	Primary	<input type="checkbox"/>	General
<input type="checkbox"/>	Other (specify) ▼		

State: District:

Date of Disbursement

M	M	M	/	D	D	/	Y	Y	Y	Y	Y	Y
0	3			2	9			2	0	2	3	

FEC Identification Number

C

Transaction ID : SB21B.19801

Amount of Each Disbursement this Period

243.66

☐ Memo Item

SUBTOTAL of Disbursements This Page (optional)..... ►

2854.32

TOTAL This Period (last page this line number only)..... ►

SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 63 OF 104

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 26	<input type="checkbox"/> 27
<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

LIBERTARIAN NATIONAL COMMITTEE, INC.

Full Name (Last, First, Middle Initial)

A. Financial Agent Federal Tax Deposit

Mailing Address PO Box 970030

City
St. LouisState
MOZip Code
63197-0030Purpose of Disbursement
Social Security Company

Candidate Name

Office Sought:

<input type="checkbox"/>	House
<input type="checkbox"/>	Senate
<input type="checkbox"/>	President

State: District:

Disbursement For:

<input type="checkbox"/>	Primary	<input type="checkbox"/>	General
<input type="checkbox"/>	Other (specify) ▼		

Category/
Type

Date of Disbursement

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
0	3			2	9			2	0	2	3		

FEC Identification Number

C

Transaction ID : SB21B.19801

Amount of Each Disbursement this Period

1041.84

☐ Memo Item

Full Name (Last, First, Middle Initial)

B. Financial Agent Federal Tax Deposit

Mailing Address PO Box 970030

City
St. LouisState
MOZip Code
63197-0030Purpose of Disbursement
Social Security Employee

Candidate Name

Office Sought:

<input type="checkbox"/>	House
<input type="checkbox"/>	Senate
<input type="checkbox"/>	President

State: District:

Disbursement For:

<input type="checkbox"/>	Primary	<input type="checkbox"/>	General
<input type="checkbox"/>	Other (specify)		

Category/
Type

Date of Disbursement

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
0	3			2	9			2	0	2	3		

FEC Identification Number

C

Transaction ID : SB21B.19801

Amount of Each Disbursement this Period

1041.84

☐ Memo Item

Full Name (Last, First, Middle Initial)

C. FP Mailing Solutions

Mailing Address PO Box 157

City
Bedford ParkState
ILZip Code
60499-0157Purpose of Disbursement
Postage & Meter Resets

Candidate Name

Office Sought:

<input type="checkbox"/>	House
<input type="checkbox"/>	Senate
<input type="checkbox"/>	President

State: District:

Disbursement For:

<input type="checkbox"/>	Primary	<input type="checkbox"/>	General
<input type="checkbox"/>	Other (specify) ▼		

Category/
Type

Date of Disbursement

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
0	3			3	1			2	0	2	3		

FEC Identification Number

C

Transaction ID : SB21B.19801

Amount of Each Disbursement this Period

960.00

☐ Memo Item

SUBTOTAL of Disbursements This Page (optional).....▶

TOTAL This Period (last page this line number only).....▶

3043.68

SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 64 OF 104

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 26	<input type="checkbox"/> 27
<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

LIBERTARIAN NATIONAL COMMITTEE, INC.

Full Name (Last, First, Middle Initial)

A. GoDaddy.com, Inc.

Mailing Address 14455 N Hayden Rd # 226

City
ScottsdaleState
AZZip Code
85260-6993Purpose of Disbursement
Domain Renewals & Transfers

Candidate Name

Office Sought:

<input type="checkbox"/>	House
<input type="checkbox"/>	Senate
<input type="checkbox"/>	President

State: District:

Disbursement For:

<input type="checkbox"/>	Primary	<input type="checkbox"/>	General
<input type="checkbox"/>	Other (specify) ▼		

Date of Disbursement

M	M	M	/	D	D	/	Y	Y	Y	Y	Y	Y
0	3			2	7			2	0	2	3	

FEC Identification Number

C

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Transaction ID : SB21B.19796

Amount of Each Disbursement this Period

 326.72☒ Memo Item

Full Name (Last, First, Middle Initial)

B. Google, Inc.

Mailing Address 1600 Amphitheatre Prky

City
Mt. ViewState
CAZip Code
94043-1351Purpose of Disbursement
GSuite Hosting Fees

Candidate Name

Office Sought:

<input type="checkbox"/>	House
<input type="checkbox"/>	Senate
<input type="checkbox"/>	President

State: District:

Disbursement For:

<input type="checkbox"/>	Primary	<input type="checkbox"/>	General
<input type="checkbox"/>	Other (specify) ▼		

Date of Disbursement

M	M	M	/	D	D	/	Y	Y	Y	Y	Y	Y
0	3			0	2			2	0	2	3	

FEC Identification Number

C

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Transaction ID : SB21B.19796

Amount of Each Disbursement this Period

 1119.16☒ Memo Item

Full Name (Last, First, Middle Initial)

C. Hall, Oliver, , ,

Mailing Address 1835 16th St NW #5

City
WashingtonState
DCZip Code
20009-0000Purpose of Disbursement
Legal Retainer

Candidate Name

Office Sought:

<input type="checkbox"/>	House
<input type="checkbox"/>	Senate
<input type="checkbox"/>	President

State: District:

Disbursement For:

<input type="checkbox"/>	Primary	<input type="checkbox"/>	General
<input type="checkbox"/>	Other (specify) ▼		

Date of Disbursement

M	M	M	/	D	D	/	Y	Y	Y	Y	Y	Y
0	3			3	1			2	0	2	3	

FEC Identification Number

C

--	--	--	--	--	--	--	--	--	--	--	--	--

Transaction ID : SB21B.19801

Amount of Each Disbursement this Period

 4500.00☐ Memo Item**SUBTOTAL** of Disbursements This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

 4500.00

: 97 `A-G79 @G B9CI G`H9LH`F9 @H98 `HC`5 `F9DCFHŽG7 <98I @`CF`+H9A-N5HCB
.

Form/Schedule: SB21B

Transaction ID : SB21B.197960

See BB&T Truist Visa 03-31-23

Form/Schedule: SB21B

Transaction ID: SB21B.197961

See BB&T Truist Visa 03-31-23

SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 66 OF 104

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 26	<input type="checkbox"/> 27
<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

LIBERTARIAN NATIONAL COMMITTEE, INC.

Full Name (Last, First, Middle Initial)

A. Hall, Oliver, , ,

Mailing Address 1835 16th St NW #5

City
WashingtonState
DCZip Code
20009-0000Purpose of Disbursement
Postage Reimbursement - See Memo

Candidate Name

Office Sought:

<input type="checkbox"/>	House
<input type="checkbox"/>	Senate
<input type="checkbox"/>	President

State: District:

Disbursement For:

<input type="checkbox"/>	Primary	<input type="checkbox"/>	General
<input type="checkbox"/>	Other (specify) ▼		

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
03		31		2023

FEC Identification Number

C

Transaction ID : SB21B.19801

Amount of Each Disbursement this Period

81.19

☐ Memo Item

Full Name (Last, First, Middle Initial)

B. Hreha, Andrew, Michael, Mr,

Mailing Address 1814 ACHESON AVE
PO BOX 284City
NORTH APOLLOState
PAZip Code
15673Purpose of Disbursement
Employee Net Pay

Candidate Name

Office Sought:

<input type="checkbox"/>	House
<input type="checkbox"/>	Senate
<input type="checkbox"/>	President

State: District:

Disbursement For:

<input type="checkbox"/>	Primary	<input type="checkbox"/>	General
<input type="checkbox"/>	Other (specify)		

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
03		01		2023

FEC Identification Number

C

Transaction ID : SB21B.19801

Amount of Each Disbursement this Period

1299.42

☐ Memo Item

Full Name (Last, First, Middle Initial)

C. Hreha, Andrew, Michael, Mr,

Mailing Address 1814 ACHESON AVE
PO BOX 284City
NORTH APOLLOState
PAZip Code
15673Purpose of Disbursement
Employee Net Pay

Candidate Name

Office Sought:

<input type="checkbox"/>	House
<input type="checkbox"/>	Senate
<input type="checkbox"/>	President

State: District:

Disbursement For:

<input type="checkbox"/>	Primary	<input type="checkbox"/>	General
<input type="checkbox"/>	Other (specify) ▼		

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
03		15		2023

FEC Identification Number

C

Transaction ID : SB21B.19801

Amount of Each Disbursement this Period

1224.48

☐ Memo Item

SUBTOTAL of Disbursements This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

2605.09

SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 67 OF 104

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 26	<input type="checkbox"/> 27
<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

LIBERTARIAN NATIONAL COMMITTEE, INC.

Full Name (Last, First, Middle Initial)

A. Hreha, Andrew, Michael, Mr,

Date of Disbursement

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
0	3			2	9			2	0	2	3		

Mailing Address 1814 ACHESON AVE
PO BOX 284City
NORTH APOLLOState
PAZip Code
15673Purpose of Disbursement
Employee Net Pay

Candidate Name

Category/
TypeOffice Sought:

<input type="checkbox"/>	House
<input type="checkbox"/>	Senate
<input type="checkbox"/>	President

Disbursement For:

<input type="checkbox"/>	Primary	<input type="checkbox"/>	General
<input type="checkbox"/>	Other (specify) ▼		

State: District:

FEC Identification Number

C Transaction ID : SB21B.19802

Amount of Each Disbursement this Period

1226.49

☐ Memo Item

Full Name (Last, First, Middle Initial)

B. Hudson, Matthew, , ,

Date of Disbursement

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
0	3			0	8			2	0	2	3		

Mailing Address 120 ASH ST

City
GARDNERState
MAZip Code
01440-2130Purpose of Disbursement
Graphic Design Services

Candidate Name

Category/
TypeOffice Sought:

<input type="checkbox"/>	House
<input type="checkbox"/>	Senate
<input type="checkbox"/>	President

Disbursement For:

<input type="checkbox"/>	Primary	<input type="checkbox"/>	General
<input type="checkbox"/>	Other (specify) ▼		

State: District:

FEC Identification Number

C Transaction ID : SB21B.19807

Amount of Each Disbursement this Period

1800.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

C. Hudson, Matthew, , ,

Date of Disbursement

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
0	3			2	3			2	0	2	3		

Mailing Address 120 ASH ST

City
GARDNERState
MAZip Code
01440-2130Purpose of Disbursement
Graphic Design Services

Candidate Name

Category/
TypeOffice Sought:

<input type="checkbox"/>	House
<input type="checkbox"/>	Senate
<input type="checkbox"/>	President

Disbursement For:

<input type="checkbox"/>	Primary	<input type="checkbox"/>	General
<input type="checkbox"/>	Other (specify) ▼		

State: District:

FEC Identification Number

C Transaction ID : SB21B.19802

Amount of Each Disbursement this Period

1800.00

☐ Memo Item**SUBTOTAL** of Disbursements This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

4826.49

<input checked="" type="checkbox"/>	21b	<input type="checkbox"/>	22	<input type="checkbox"/>	23	<input type="checkbox"/>	26	<input type="checkbox"/>	27
<input type="checkbox"/>	28a	<input type="checkbox"/>	28b	<input type="checkbox"/>	28c	<input type="checkbox"/>	29	<input type="checkbox"/>	30b

LIBERTARIAN NATIONAL COMMITTEE, INC.

[illegible]

SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 69 OF 104

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 26	<input type="checkbox"/> 27
<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

LIBERTARIAN NATIONAL COMMITTEE, INC.

Full Name (Last, First, Middle Initial)

A. Huston, Elaine, , ,

Mailing Address 1115 Town Creek Dr Unit 455

City
AustinState
TXZip Code
78741-1517Purpose of Disbursement
Staff Travel Reimbursement see Memo

Candidate Name

Office Sought: ☐ House
☐ Senate
☐ PresidentDisbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
03		19		2023

FEC Identification Number

C **Transaction ID : SB21B.19802**

Amount of Each Disbursement this Period

 1873.44☐ Memo Item

Full Name (Last, First, Middle Initial)

B. Huston, Elaine, , ,

Mailing Address 1115 Town Creek Dr Unit 455

City
AustinState
TXZip Code
78741-1517Purpose of Disbursement
Employee Net Pay

Candidate Name

Office Sought: ☐ House
☐ Senate
☐ PresidentDisbursement For: ☐ Primary ☐ General
☐ Other (specify)

State: District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
03		29		2023

FEC Identification Number

C **Transaction ID : SB21B.19802**

Amount of Each Disbursement this Period

 4284.88☐ Memo Item

Full Name (Last, First, Middle Initial)

C. Johnston, Robert, S., Mr., III

Mailing Address PO Box 1633

City
Bel AirState
MDZip Code
21014-7633Purpose of Disbursement
Contract Labor Admin Services

Candidate Name

Office Sought: ☐ House
☐ Senate
☐ PresidentDisbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
03		08		2023

FEC Identification Number

C **Transaction ID : SB21B.19807**

Amount of Each Disbursement this Period

 243.00☐ Memo Item**SUBTOTAL** of Disbursements This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ► 6401.32

SCHEDULE B (FEC Form 3X) **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

PAGE 70 OF 104

☒ 21b ☐ 22 ☐ 23 ☐ 26 ☐ 27
☐ 28a ☐ 28b ☐ 28c ☐ 29 ☐ 30b

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NAME OF COMMITTEE (In Full)

LIBERTARIAN NATIONAL COMMITTEE, INC.

Full Name (Last, First, Middle Initial)

A. Kraus, Robert, Steven, ,

Mailing Address 1717 N BAYSHORE DR APT 1636

City
MIAMI

State
FL

Zip Code
33132-1153

Purpose of Disbursement
Employee Net Pay

Candidate Name

Office Sought: ☐ House
☐ Senate
☐ President

State: District:

Disbursement For:
☐ Primary ☐ General
☐ Other (specify) ▼

Category/
Type

Date of Disbursement

M M / D D / Y Y Y Y Y
03 / 01 / 2023

FEC Identification Number

C

Transaction ID : SB21B.19803

Amount of Each Disbursement this Period

2019.29

☐ Memo Item

Full Name (Last, First, Middle Initial)

B. Kraus, Robert, Steven, ,

Mailing Address 1717 N BAYSHORE DR APT 1636

City
MIAMI

State
FL

Zip Code
33132-1153

Purpose of Disbursement
Employee Net Pay

Candidate Name

Office Sought: ☐ House
☐ Senate
☐ President

State: District:

Disbursement For:
☐ Primary ☐ General
☐ Other (specify) ▼

Category/
Type

Date of Disbursement

M M / D D / Y Y Y Y Y
03 / 15 / 2023

FEC Identification Number

C

Transaction ID : SB21B.19803

Amount of Each Disbursement this Period

2019.30

☐ Memo Item

Full Name (Last, First, Middle Initial)

C. Kraus, Robert, Steven, ,

Mailing Address 1717 N BAYSHORE DR APT 1636

City
MIAMI

State
FL

Zip Code
33132-1153

Purpose of Disbursement
Employee Net Pay

Candidate Name

Office Sought: ☐ House
☐ Senate
☐ President

State: District:

Disbursement For:
☐ Primary ☐ General
☐ Other (specify) ▼

Category/
Type

Date of Disbursement

M M / D D / Y Y Y Y Y
03 / 29 / 2023

FEC Identification Number

C

Transaction ID : SB21B.19803

Amount of Each Disbursement this Period

2019.28

☐ Memo Item

SUBTOTAL of Disbursements This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

6057.87

SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 71 OF 104

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 26	<input type="checkbox"/> 27
<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

LIBERTARIAN NATIONAL COMMITTEE, INC.

Full Name (Last, First, Middle Initial)

A. Lexis-Nexis t/a Accurant

Mailing Address P.O. Box 538358

City
AtlantaState
GAZip Code
30353-8358Purpose of Disbursement
Address - Phone Verifications

Candidate Name

Office Sought:

<input type="checkbox"/>	House
<input type="checkbox"/>	Senate
<input type="checkbox"/>	President

State: District:

Disbursement For:

<input type="checkbox"/>	Primary	<input type="checkbox"/>	General
<input type="checkbox"/>	Other (specify) ▼		

Date of Disbursement

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
0	3			1	6			2	0	2	3		

FEC Identification Number

C

Transaction ID : SB21B.19796

Amount of Each Disbursement this Period

38.21

☒ Memo Item

Full Name (Last, First, Middle Initial)

B. Master Print - Vomela, Inc.

Mailing Address PO Box 854537

City
MinneapolisState
MNZip Code
55485-4537Purpose of Disbursement
Non Candidate Party Printing

Candidate Name

Office Sought:

<input type="checkbox"/>	House
<input type="checkbox"/>	Senate
<input type="checkbox"/>	President

State: District:

Disbursement For:

<input type="checkbox"/>	Primary	<input type="checkbox"/>	General
<input type="checkbox"/>	Other (specify)		

Date of Disbursement

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
0	3			0	8			2	0	2	3		

FEC Identification Number

C

Transaction ID : SB21B.19807

Amount of Each Disbursement this Period

440.78

☐ Memo Item

Full Name (Last, First, Middle Initial)

C. Meltwater News, Inc.

Mailing Address Dept LA 23721

City
PasadenaState
CAZip Code
91185-3721Purpose of Disbursement
Media Clipping Service

Candidate Name

Office Sought:

<input type="checkbox"/>	House
<input type="checkbox"/>	Senate
<input type="checkbox"/>	President

State: District:

Disbursement For:

<input type="checkbox"/>	Primary	<input type="checkbox"/>	General
<input type="checkbox"/>	Other (specify) ▼		

Date of Disbursement

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
0	3			2	4			2	0	2	3		

FEC Identification Number

C

Transaction ID : SB21B.19796

Amount of Each Disbursement this Period

4784.50

☒ Memo Item**SUBTOTAL** of Disbursements This Page (optional).....▶**TOTAL** This Period (last page this line number only).....▶

4	4	0	.	7	8

: 97 `A=G79 @G B9CI G`H9LH`F9 @G H98 `HC`5 `F9DCFHŽG7 <98I @G `CF`+H9A=N5HCB
.

Form/Schedule: SB21B

Transaction ID : SB21B.197962

See BB&T Truist Visa 03-31-23

Form/Schedule: SB21B


Transaction ID: SB21B.197963

See BB&T Truist Visa 03-31-23

X	21b		22		23		26		27
	28a		28b		28c		29		30b

LIBERTARIAN NATIONAL COMMITTEE, INC.

A. Merchant Services

Category/
Type

163.87

Memo Item

State: District:

B. Meridian - Konica, Inc.

MM / DD / YYYY

Category/
Type

24.96

 Memo Item

State: District:

C. Microsoft Corp.

Category/
Type

11.00

 Memo Item

State: District:

163.87

: 97 `A=G79 @G B9CI G`H9LH`F9 @G H98 `HC`5 `F9DCFHŽG7 <98I @G `CF`+H9A=N5HCB
.

Form/Schedule: SB21B

Transaction ID : SB21B.197964

See BB&T Truist Visa 03-31-23

Form/Schedule: SB21B

Transaction ID: SB21B.197965

See BB&T Truist Visa 03-31-23

SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 75 OF 104

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 26	<input type="checkbox"/> 27
<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

LIBERTARIAN NATIONAL COMMITTEE, INC.

Full Name (Last, First, Middle Initial)

A. One Nation Life, Inc.

Mailing Address 7572 Panorama Dr.

City
BoulderState
COZip Code
80303-0000Purpose of Disbursement
INC 23 Outreach Event

Candidate Name

Office Sought:

<input type="checkbox"/>	House
<input type="checkbox"/>	Senate
<input type="checkbox"/>	President

State: District:

Disbursement For:

<input type="checkbox"/>	Primary	<input type="checkbox"/>	General
<input type="checkbox"/>	Other (specify) ▼		

Date of Disbursement

M	M	M	/	D	D	/	Y	Y	Y	Y	Y	Y
0	3			1	9			2	0	2	3	

FEC Identification Number

C

Transaction ID : SB21B.19803

Amount of Each Disbursement this Period

3000.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

B. PA Dept. of Revenue

Mailing Address PO Box 281101

City
HarrisburgState
PAZip Code
17128-1101Purpose of Disbursement
PA - Withholding

Candidate Name

Office Sought:

<input type="checkbox"/>	House
<input type="checkbox"/>	Senate
<input type="checkbox"/>	President

State: District:

Disbursement For:

<input type="checkbox"/>	Primary	<input type="checkbox"/>	General
<input type="checkbox"/>	Other (specify)		

Date of Disbursement

M	M	M	/	D	D	/	Y	Y	Y	Y	Y	Y
0	3			0	1			2	0	2	3	

FEC Identification Number

C

Transaction ID : SB21B.19803

Amount of Each Disbursement this Period

52.33

☐ Memo Item

Full Name (Last, First, Middle Initial)

C. PA Dept. of Revenue

Mailing Address PO Box 281101

City
HarrisburgState
PAZip Code
17128-1101Purpose of Disbursement
PA - Withholding

Candidate Name

Office Sought:

<input type="checkbox"/>	House
<input type="checkbox"/>	Senate
<input type="checkbox"/>	President

State: District:

Disbursement For:

<input type="checkbox"/>	Primary	<input type="checkbox"/>	General
<input type="checkbox"/>	Other (specify) ▼		

Date of Disbursement

M	M	M	/	D	D	/	Y	Y	Y	Y	Y	Y
0	3			1	5			2	0	2	3	

FEC Identification Number

C

Transaction ID : SB21B.19804

Amount of Each Disbursement this Period

49.12

☐ Memo Item**SUBTOTAL** of Disbursements This Page (optional)..... ►

3101.45

TOTAL This Period (last page this line number only)..... ►

X	21b		22		23		26		27
	28a		28b		28c		29		30b

LIBERTARIAN NATIONAL COMMITTEE, INC.

49.19

 Memo Item

310.20

X Memo Item

234.01

Memo Item

283.20

: 97 `A=G79 @G B9CI G`H9LH`F9 @H98 `HC`5 `F9DCFHŽG7 <98I @`CF`+H9A=N5HCB
.

Form/Schedule: SB21B

Transaction ID : SB21B.197966

See BB&T Truist Visa 03-31-23

Form/Schedule:

Transaction ID:

SCHEDULE B (FEC Form 3X) **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

PAGE 78 OF 104

☒ 21b ☐ 22 ☐ 23 ☐ 26 ☐ 27
☐ 28a ☐ 28b ☐ 28c ☐ 29 ☐ 30b

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NAME OF COMMITTEE (In Full)

LIBERTARIAN NATIONAL COMMITTEE, INC.

Full Name (Last, First, Middle Initial)

A. Postmaster - Alexandria BRM

Mailing Address 2226 Duke St.

City
Alexandria

State
VA

Zip Code
22314-0000

Purpose of Disbursement
Business Reply Mail Postage

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

Disbursement For:
☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y Y
03 / 13 / 2023

FEC Identification Number

C Transaction ID : SB21B.19804

Amount of Each Disbursement this Period

250.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

B. Postmaster - Alexandria BRM

Mailing Address 2226 Duke St.

City
Alexandria

State
VA

Zip Code
22314-0000

Purpose of Disbursement
Postage

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

Disbursement For:
☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y Y
03 / 31 / 2023

FEC Identification Number

C Transaction ID : SB21B.19801

Amount of Each Disbursement this Period

81.19

☒ Memo Item

Full Name (Last, First, Middle Initial)

C. QuickBooks Payroll Service

Mailing Address PO Box 30015

City
Reno

State
NV

Zip Code
89520-3015

Purpose of Disbursement
Payroll Processing Fee

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

Disbursement For:
☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y Y
03 / 01 / 2023

FEC Identification Number

C Transaction ID : SB21B.19804

Amount of Each Disbursement this Period

161.75

☐ Memo Item

SUBTOTAL of Disbursements This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

411.75

: 97 `A=G79 @C B9CI G`H9LH`F9 @5 H98 `HC`5 `F9DCFHŽG7 <98I @`CF`+9A=N5HCB
.

Form/Schedule: SB21B

Transaction ID : SB21B.198017

See Hall, Oliver 03-31-23

Form/Schedule:

Transaction ID:

X	21b		22		23		26		27
	28a		28b		28c		29		30b

LIBERTARIAN NATIONAL COMMITTEE, INC.

District:

03 / 29 / 2023

District:

M M / D D / Y Y Y Y
03 19 2023

District:

SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

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<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 26	<input type="checkbox"/> 27
<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

LIBERTARIAN NATIONAL COMMITTEE, INC.

Full Name (Last, First, Middle Initial)

A. Southwest Airlines

Mailing Address PO Box 36662

City
DallasState
TXZip Code
75235-6682Purpose of Disbursement
Staff Travel

Candidate Name

Office Sought:

<input type="checkbox"/>	House
<input type="checkbox"/>	Senate
<input type="checkbox"/>	President

State: District:

Disbursement For:

<input type="checkbox"/>	Primary	<input type="checkbox"/>	General
<input type="checkbox"/>	Other (specify) ▼		

Date of Disbursement

M	M	M	/	D	D	/	Y	Y	Y	Y	Y	Y
0	3			1	9			2	0	2	3	

FEC Identification Number

C

Transaction ID : SB21B.19802

Amount of Each Disbursement this Period

1873.44

☒ Memo Item

Full Name (Last, First, Middle Initial)

B. Streamyard.com

Mailing Address 1870 McKenzie Avenue

City
Victoria Canada BC V8N4X3State
ZZZip Code
20000Purpose of Disbursement
Video Streaming Software

Candidate Name

Office Sought:

<input type="checkbox"/>	House
<input type="checkbox"/>	Senate
<input type="checkbox"/>	President

State: District:

Disbursement For:

<input type="checkbox"/>	Primary	<input type="checkbox"/>	General
<input type="checkbox"/>	Other (specify)		

Date of Disbursement

M	M	M	/	D	D	/	Y	Y	Y	Y	Y	Y
0	3			2	1			2	0	2	3	

FEC Identification Number

C

Transaction ID : SB21B.19806

Amount of Each Disbursement this Period

468.00

☒ Memo Item

Full Name (Last, First, Middle Initial)

C. Stripe, Inc.

Mailing Address 510 Townsend Street

City
San FranciscoState
CAZip Code
94103-0000Purpose of Disbursement
Merch Processing Fee

Candidate Name

Office Sought:

<input type="checkbox"/>	House
<input type="checkbox"/>	Senate
<input type="checkbox"/>	President

State: District:

Disbursement For:

<input type="checkbox"/>	Primary	<input type="checkbox"/>	General
<input type="checkbox"/>	Other (specify) ▼		

Date of Disbursement

M	M	M	/	D	D	/	Y	Y	Y	Y	Y	Y
0	3			3	1			2	0	2	3	

FEC Identification Number

C

Transaction ID : SB21B.19805

Amount of Each Disbursement this Period

2491.35

☐ Memo Item

SUBTOTAL of Disbursements This Page (optional).....▶

2491.35

TOTAL This Period (last page this line number only).....▶

: 97 `A-G79 @G B9CI G`H9LH`F9 @H98 `HC`5 `F9DCFHŽG7 <98I @`CF`+9A-N5HCB
.

Form/Schedule: SB21B

Transaction ID : SB21B.198028

See Huston. Elaine 03-19-23

Form/Schedule: SB21B

Transaction ID: SB21B.198066

See BBT Truist VISA 03-31-23

X	21b		22		23		26		27
	28a		28b		28c		29		30b

LIBERTARIAN NATIONAL COMMITTEE, INC.



49.90

03 / 01 / 2023

1288.00

M M / D D / Y Y Y Y
03 15 2023

1288.00

2576.00

: 97 `A=G79 @G B9CI G`H9LH`F9 @H98 `HC`5 `F9DCFHŽG7 <98I @`CF`+H9A=N5HCB
.

Form/Schedule: SB21B

Transaction ID : SB21B.197968

See BB&T Truist Visa 03-31-23

Form/Schedule:

Transaction ID:

SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 85 OF 104

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 26	<input type="checkbox"/> 27
<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

LIBERTARIAN NATIONAL COMMITTEE, INC.

Full Name (Last, First, Middle Initial)

A. Thexton, Matthew, A., Mr.,

Mailing Address 7219 Gordons Rd

City
Falls ChurchState
VAZip Code
22043-0000Purpose of Disbursement
Employee Net Pay

Candidate Name

Office Sought:

<input type="checkbox"/>	House
<input type="checkbox"/>	Senate
<input type="checkbox"/>	President

State: District:

Disbursement For:

<input type="checkbox"/>	Primary	<input type="checkbox"/>	General
<input type="checkbox"/>	Other (specify) ▼		

Date of Disbursement

M	M	M	/	D	D	/	Y	Y	Y	Y	Y	Y
0	3			2	9			2	0	2	3	

FEC Identification Number

C

--	--	--	--	--	--	--	--	--	--	--	--	--

Transaction ID : SB21B.19805

Amount of Each Disbursement this Period

1288.00☐ Memo Item

Full Name (Last, First, Middle Initial)

B. TrendMicro, Inc.

Mailing Address 10101 N. De Anza Blvd

City
CupertinoState
CAZip Code
95014-0000Purpose of Disbursement
Antivirus Software

Candidate Name

Office Sought:

<input type="checkbox"/>	House
<input type="checkbox"/>	Senate
<input type="checkbox"/>	President

State: District:

Disbursement For:

<input type="checkbox"/>	Primary	<input type="checkbox"/>	General
<input type="checkbox"/>	Other (specify)		

Date of Disbursement

M	M	M	/	D	D	/	Y	Y	Y	Y	Y	Y
0	3			1	2			2	0	2	3	

FEC Identification Number

C

--	--	--	--	--	--	--	--	--	--	--	--	--

Transaction ID : SB21B.19796

Amount of Each Disbursement this Period

104.89☒ Memo Item

Full Name (Last, First, Middle Initial)

C. Troxell, Joshua, Luke, ,

Mailing Address 880 BURTON ST

City
ALVINState
TXZip Code
77511Purpose of Disbursement
Employee Net Pay

Candidate Name

Office Sought:

<input type="checkbox"/>	House
<input type="checkbox"/>	Senate
<input type="checkbox"/>	President

State: District:

Disbursement For:

<input type="checkbox"/>	Primary	<input type="checkbox"/>	General
<input type="checkbox"/>	Other (specify) ▼		

Date of Disbursement

M	M	M	/	D	D	/	Y	Y	Y	Y	Y	Y
0	3			0	1			2	0	2	3	

FEC Identification Number

C

--	--	--	--	--	--	--	--	--	--	--	--	--

Transaction ID : SB21B.19805

Amount of Each Disbursement this Period

1848.15☐ Memo Item**SUBTOTAL** of Disbursements This Page (optional).....▶**TOTAL** This Period (last page this line number only).....▶

3136.15

: 97 `A=G79 @G B9CI G`H9LH`F9 @H98 `HC`5 `F9DCFHŽG7 <98I @`CF`+H9A=N5HCB
.

Form/Schedule: SB21B

Transaction ID : SB21B.197969

See BB&T Truist Visa 03-31-23

Form/Schedule:

Transaction ID:

SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 87 OF 104

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 26	<input type="checkbox"/> 27
<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

LIBERTARIAN NATIONAL COMMITTEE, INC.

Full Name (Last, First, Middle Initial)

A. Troxell, Joshua, Luke, ,

Mailing Address 880 BURTON ST

City
ALVINState
TXZip Code
77511Purpose of Disbursement
Employee Net Pay

Candidate Name

Office Sought:

<input type="checkbox"/>	House
<input type="checkbox"/>	Senate
<input type="checkbox"/>	President

State: District:

Disbursement For:

<input type="checkbox"/>	Primary	<input type="checkbox"/>	General
<input type="checkbox"/>	Other (specify) ▼		

Category/
Type

Date of Disbursement

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
0	3			1	5			2	0	2	3		

FEC Identification Number

C

Transaction ID : SB21B.19805

Amount of Each Disbursement this Period

1848.15

☐ Memo Item

Full Name (Last, First, Middle Initial)

B. Troxell, Joshua, Luke, ,

Mailing Address 880 BURTON ST

City
ALVINState
TXZip Code
77511Purpose of Disbursement
Employee Net Pay

Candidate Name

Office Sought:

<input type="checkbox"/>	House
<input type="checkbox"/>	Senate
<input type="checkbox"/>	President

State: District:

Disbursement For:

<input type="checkbox"/>	Primary	<input type="checkbox"/>	General
<input type="checkbox"/>	Other (specify) ▼		

Category/
Type

Date of Disbursement

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
0	3			2	9			2	0	2	3		

FEC Identification Number

C

Transaction ID : SB21B.19805

Amount of Each Disbursement this Period

1848.16

☐ Memo Item

Full Name (Last, First, Middle Initial)

C. Twilio - Sendgrid, Inc.

Mailing Address 375 Beale Street, Suite 300

City
San FranciscoState
CAZip Code
94105-0000Purpose of Disbursement
SMS Text Messaging Service

Candidate Name

Office Sought:

<input type="checkbox"/>	House
<input type="checkbox"/>	Senate
<input type="checkbox"/>	President

State: District:

Disbursement For:

<input type="checkbox"/>	Primary	<input type="checkbox"/>	General
<input type="checkbox"/>	Other (specify) ▼		

Category/
Type

Date of Disbursement

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
0	3			0	5			2	0	2	3		

FEC Identification Number

C

Transaction ID : SB21B.19797

Amount of Each Disbursement this Period

100.67

☒ Memo Item

SUBTOTAL of Disbursements This Page (optional).....▶

TOTAL This Period (last page this line number only).....▶

3696.31

: 97 `A=G79 @G B9CI G`H9LH`F9 @H98 `HC`5 `F9DCFHŽG7 <98I @`CF`+H9A=N5HCB
.

Form/Schedule: SB21B

Transaction ID : SB21B.197970

See BB&T Truist Visa 03-31-23

Form/Schedule:

Transaction ID:

X	21b		22		23		26		27
	28a		28b		28c		29		30b

LIBERTARIAN NATIONAL COMMITTEE, INC.

175.74

 Memo Item

M M / D D / Y Y Y Y
03 16 2023

1190.47

Memo Item



19.63

Memo Item

1210.10

: 97 `A=G79 @G B9CI G`H9LH`F9 @H98 `HC`5 `F9DCFHŽG7 <98I @`CF`+H9A=N5HCB
.

Form/Schedule: SB21B

Transaction ID : SB21B.197971

See BB&T Truist Visa 03-31-23

Form/Schedule:

Transaction ID:

SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 91 OF 104

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 26	<input type="checkbox"/> 27
<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

LIBERTARIAN NATIONAL COMMITTEE, INC.

Full Name (Last, First, Middle Initial)

A. Virginia Dept. of Taxation

Mailing Address PO Box 26644

City
RichmondState
VAZip Code
23261-6644Purpose of Disbursement
VA - Withholding

Candidate Name

Office Sought:

<input type="checkbox"/>	House
<input type="checkbox"/>	Senate
<input type="checkbox"/>	President

State: District:

Disbursement For:

<input type="checkbox"/>	Primary	<input type="checkbox"/>	General
<input type="checkbox"/>	Other (specify) ▼		

Category/
Type

Date of Disbursement

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
0	3			0	1			2	0	2	3		

FEC Identification Number

C

Transaction ID : SB21B.19806

Amount of Each Disbursement this Period

136.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

B. Virginia Dept. of Taxation

Mailing Address PO Box 26644

City
RichmondState
VAZip Code
23261-6644Purpose of Disbursement
VA - Unemployment Company

Candidate Name

Office Sought:

<input type="checkbox"/>	House
<input type="checkbox"/>	Senate
<input type="checkbox"/>	President

State: District:

Disbursement For:

<input type="checkbox"/>	Primary	<input type="checkbox"/>	General
<input type="checkbox"/>	Other (specify)		

Category/
Type

Date of Disbursement

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
0	3			1	5			2	0	2	3		

FEC Identification Number

C

Transaction ID : SB21B.19806

Amount of Each Disbursement this Period

7.64

☐ Memo Item

Full Name (Last, First, Middle Initial)

C. Virginia Dept. of Taxation

Mailing Address PO Box 26644

City
RichmondState
VAZip Code
23261-6644Purpose of Disbursement
VA - Withholding

Candidate Name

Office Sought:

<input type="checkbox"/>	House
<input type="checkbox"/>	Senate
<input type="checkbox"/>	President

State: District:

Disbursement For:

<input type="checkbox"/>	Primary	<input type="checkbox"/>	General
<input type="checkbox"/>	Other (specify) ▼		

Category/
Type

Date of Disbursement

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
0	3			1	5			2	0	2	3		

FEC Identification Number

C

Transaction ID : SB21B.19806

Amount of Each Disbursement this Period

136.00

☐ Memo Item**SUBTOTAL** of Disbursements This Page (optional).....▶**TOTAL** This Period (last page this line number only).....▶

279.64

X	21b		22		23		26		27
	28a		28b		28c		29		30b

LIBERTARIAN NATIONAL COMMITTEE, INC.

Category/
Type

15.22

Memo Item

State: District:

Category/
Type

34.30

 Memo Item

State: District:

Category/
Type

2900.00

 Memo Item

15.22

: 97 `A=G79 @G B9CI G`H9LH`F9 @G H98 `HC`5 `F9DCFHŽG7 <98I @G `CF`+H9A=N5HCB
.

Form/Schedule: SB21B

Transaction ID : SB21B.197973

See BB&T Truist Visa 03-31-23

Form/Schedule: SB21B

Transaction ID: SB21B.197974

See BB&T Truist Visa 03-31-23

SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 94 OF 104

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 26	<input type="checkbox"/> 27
<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

LIBERTARIAN NATIONAL COMMITTEE, INC.

Full Name (Last, First, Middle Initial)

A. Wufoo.com

Mailing Address 285 Hamilton Avenue Suite 500

City
Palo AltoState
CAZip Code
94301-0000Purpose of Disbursement
Online Forms Annual Fee

Candidate Name

Office Sought:

<input type="checkbox"/>	House
<input type="checkbox"/>	Senate
<input type="checkbox"/>	President

State: District:

Disbursement For:

<input type="checkbox"/>	Primary	<input type="checkbox"/>	General
<input type="checkbox"/>	Other (specify) ▼		

Date of Disbursement

M	M	M	/	D	D	/	Y	Y	Y	Y	Y	Y
0	3			0	6			2	0	2	3	

FEC Identification Number

C

Transaction ID : SB21B.19797

Amount of Each Disbursement this Period

169.00

☒ Memo Item

Full Name (Last, First, Middle Initial)

B. Wyndham Worldwide

Mailing Address 7 Sylvan Way

City
ParsippanyState
NJZip Code
07054-0000Purpose of Disbursement
Staff Travel - Hotel

Candidate Name

Office Sought:

<input type="checkbox"/>	House
<input type="checkbox"/>	Senate
<input type="checkbox"/>	President

State: District:

Disbursement For:

<input type="checkbox"/>	Primary	<input type="checkbox"/>	General
<input type="checkbox"/>	Other (specify) ▼		

Date of Disbursement

M	M	M	/	D	D	/	Y	Y	Y	Y	Y	Y
0	3			1	5			2	0	2	3	

FEC Identification Number

C

Transaction ID : SB21B.19797

Amount of Each Disbursement this Period

2961.77

☒ Memo Item

Full Name (Last, First, Middle Initial)

C. Zoom Video Communications, Inc.

Mailing Address 55 Almaden Boulevard, 6th Floor

City
San JoseState
CAZip Code
95113-0000Purpose of Disbursement
Video Conf Services

Candidate Name

Office Sought:

<input type="checkbox"/>	House
<input type="checkbox"/>	Senate
<input type="checkbox"/>	President

State: District:

Disbursement For:

<input type="checkbox"/>	Primary	<input type="checkbox"/>	General
<input type="checkbox"/>	Other (specify) ▼		

Date of Disbursement

M	M	M	/	D	D	/	Y	Y	Y	Y	Y	Y
0	3			0	3			2	0	2	3	

FEC Identification Number

C

Transaction ID : SB21B.19797

Amount of Each Disbursement this Period

52.50

☒ Memo Item

SUBTOTAL of Disbursements This Page (optional).....▶

TOTAL This Period (last page this line number only).....▶

0.00

100972.17

: 97 `A=G79 @G B9CI G`H9LH`F9 @G H98 `HC`5 `F9DCFHŽG7 <98I @G `CF`+H9A=N5HCB
.

Form/Schedule: SB21B

Transaction ID : SB21B.197975

See BB&T Truist Visa 03-31-23

Form/Schedule: SB21B

Transaction ID: SB21B.197976

See BB&T Truist Visa 03-31-23

: 97 `A=G79 @G B9CI G`H9LH`F9 @H98 `HC`5 `F9DCFHŽG7 <98I @`CF`+H9A=N5HCB
.

Form/Schedule: SB21B

Transaction ID : SB21B.197977

See BB&T Truist Visa 03-31-23

Form/Schedule:

Transaction ID:

SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 97 OF 104

<input type="checkbox"/> 21b	<input checked="" type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 26	<input type="checkbox"/> 27
<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

LIBERTARIAN NATIONAL COMMITTEE, INC.

Full Name (Last, First, Middle Initial)

A. Free Libertarian Party of New Mexico

Mailing Address 104 6th St N

City
SocorroState
NMZip Code
87801-4248Purpose of Disbursement
Transfer to Affiliate Non Federal

Candidate Name

Office Sought: ☐ House
☐ Senate
☐ PresidentDisbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Date of Disbursement

M	M	M	/	D	D	/	Y	Y	Y	Y	Y	Y
0	3			0	8			2	0	2	3	

FEC Identification Number

C

Transaction ID : SB22.198014

Amount of Each Disbursement this Period

15.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

B. LPAK - LP Alaska

Mailing Address 200 W 34th Ave #543

City
AnchorageState
AKZip Code
99503-0000Purpose of Disbursement
Transfer to Affiliate Non Federal

Candidate Name

Office Sought: ☐ House
☐ Senate
☐ PresidentDisbursement For: ☐ Primary ☐ General
☐ Other (specify)

State: District:

Date of Disbursement

M	M	M	/	D	D	/	Y	Y	Y	Y	Y	Y
0	3			0	8			2	0	2	3	

FEC Identification Number

C

Transaction ID : SB22.198033

Amount of Each Disbursement this Period

30.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

C. LPCA - LP California

Mailing Address 770 L Street #950

City
SacramentoState
CAZip Code
95814-0000Purpose of Disbursement
Transfer to Affiliate Non Federal

Candidate Name

Office Sought: ☐ House
☐ Senate
☐ PresidentDisbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Date of Disbursement

M	M	M	/	D	D	/	Y	Y	Y	Y	Y	Y
0	3			0	8			2	0	2	3	

FEC Identification Number

C

Transaction ID : SB22.198034

Amount of Each Disbursement this Period

175.00

☐ Memo Item**SUBTOTAL** of Disbursements This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

220.00

220.00

SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 98 OF 104

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 26	<input type="checkbox"/> 27
<input checked="" type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

LIBERTARIAN NATIONAL COMMITTEE, INC.

Full Name (Last, First, Middle Initial)

A. Madden, Nathan, Gage, ,Mailing Address 121 6TH AVE W
TRLR 4City
BUCKEYEState
AZZip Code
85326-1125Purpose of Disbursement
Contribution Refund

Candidate Name

Office Sought: ☐ House
☐ Senate
☐ President
State: District:Disbursement For:
☐ Primary ☐ General
☐ Other (specify) ▼Category/
Type

Date of Disbursement

M	M	M	/	D	D	/	Y	Y	Y	Y	Y	Y
0	3			2	1			2	0	2	3	

FEC Identification Number

C

Transaction ID : SB28A.19808

Amount of Each Disbursement this Period

2000.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

B.

Mailing Address

City

State

Zip Code

Purpose of Disbursement

Candidate Name

Office Sought: ☐ House
☐ Senate
☐ President
State: District:Disbursement For:
☐ Primary ☐ General
☐ Other (specify)Category/
Type

Date of Disbursement

M	M	M	/	D	D	/	Y	Y	Y	Y	Y	Y

FEC Identification Number

C

Amount of Each Disbursement this Period

☐ Memo Item

Full Name (Last, First, Middle Initial)

C.

Mailing Address

City

State

Zip Code

Purpose of Disbursement

Candidate Name

Office Sought: ☐ House
☐ Senate
☐ President
State: District:Disbursement For:
☐ Primary ☐ General
☐ Other (specify) ▼Category/
Type

Date of Disbursement

M	M	M	/	D	D	/	Y	Y	Y	Y	Y	Y

FEC Identification Number

C

Amount of Each Disbursement this Period

☐ Memo Item**SUBTOTAL** of Disbursements This Page (optional).....▶**TOTAL** This Period (last page this line number only).....▶

2000.00

2000.00

	21b		22		23		26		27
	28a		28b		28c	x	29		30b

LIBERTARIAN NATIONAL COMMITTEE, INC.

330.00

81.00

271.27

601.27

: 97 `A=G79 @G B9CI G`H9LH`F9 @G H98 `HC`5 `F9DCFHŽG7 <98I @G `CF`+H9A=N5HCB
.

Form/Schedule: SB29

Transaction ID : SB29.197954

See BB&T Truist Visa 03-31-23

Form/Schedule:

Transaction ID:

SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 101 OF 104

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 26	<input type="checkbox"/> 27
<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input checked="" type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

LIBERTARIAN NATIONAL COMMITTEE, INC.

Full Name (Last, First, Middle Initial)

A. Round House Sq UOA

Mailing Address 6231 Leesburg Pk #100

City
Falls ChurchState
VAZip Code
22044-0000Purpose of Disbursement
Headquarters Account - Association Fee

Candidate Name

Office Sought: ☐ House
☐ Senate
☐ PresidentDisbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
03		01		2023

FEC Identification Number

C **Transaction ID : SB29.198048**

Amount of Each Disbursement this Period

 210.00☐ Memo Item

Full Name (Last, First, Middle Initial)

B.

Mailing Address

City

State

Zip Code

Purpose of Disbursement

Candidate Name

Office Sought: ☐ House
☐ Senate
☐ PresidentDisbursement For: ☐ Primary ☐ General
☐ Other (specify)

State: District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y

FEC Identification Number

C

Amount of Each Disbursement this Period

☐ Memo Item

Full Name (Last, First, Middle Initial)

C.

Mailing Address

City

State

Zip Code

Purpose of Disbursement

Candidate Name

Office Sought: ☐ House
☐ Senate
☐ PresidentDisbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y

FEC Identification Number

C

Amount of Each Disbursement this Period

☐ Memo Item**SUBTOTAL** of Disbursements This Page (optional).....▶**TOTAL** This Period (last page this line number only).....▶

210.00

811.27

SCHEDULE D (FEC Form 3X)**DEBTS AND OBLIGATIONS****Excluding Loans**(Use separate
schedule(s)
for each
numbered line)

PAGE 102 OF 104

FOR LINE NUMBER:
(check only one)
☐ 9
☒ 10

NAME OF COMMITTEE (In Full)

LIBERTARIAN NATIONAL COMMITTEE, INC.

A. Full Name (Last, First, Middle Initial) of Debtor or Creditor

Aiken, David, , ,

Nature of Debt (Purpose):

Civi-CRM & Campaign Support

Mailing Address 1240 N Ogden St #4

City

Denver

State

CO

Zip Code

80218-0000

Outstanding Balance Beginning This Period

917.50

Transaction ID : SD10.194451

Amount Incurred This Period

0.00

Payment This Period

917.50

Outstanding Balance at Close of This Period

0.00

B. Full Name (Last, First, Middle Initial) of Debtor or Creditor

Aiken, David, , ,

Nature of Debt (Purpose):

Civi-CRM & Campaign Support

Mailing Address 1240 N Ogden St #4

City

Denver

State

CO

Zip Code

80218-0000

Outstanding Balance Beginning This Period

0.00

Transaction ID : SD10.198081

Amount Incurred This Period

1230.00

Payment This Period

0.00

Outstanding Balance at Close of This Period

1230.00

C. Full Name (Last, First, Middle Initial) of Debtor or Creditor

Bastiat Creative LLC

Nature of Debt (Purpose):

Fundraising Consulting Services

Mailing Address PO Box 660121

City

Austin

State

TX

Zip Code

78766-0121

Outstanding Balance Beginning This Period

388.76

Transaction ID : SD10.194452

Amount Incurred This Period

0.00

Payment This Period

388.76

Outstanding Balance at Close of This Period

0.00

1) **SUBTOTALS** This Period This Page (optional)..... ►

1230.00

2) **TOTALS** This Period (last page this line number only)..... ►3) **TOTAL OUTSTANDING LOANS** from Schedule C (last page only) ►4) **ADD 2) and 3)** and carry forward to appropriate line of Summary Page (last page only) ►

SCHEDULE D (FEC Form 3X)**DEBTS AND OBLIGATIONS****Excluding Loans**(Use separate
schedule(s)
for each
numbered line)

PAGE 103 OF 104

FOR LINE NUMBER:
(check only one)
☐ 9
☒ 10

NAME OF COMMITTEE (In Full)

LIBERTARIAN NATIONAL COMMITTEE, INC.

A. Full Name (Last, First, Middle Initial) of Debtor or Creditor

Bastiat Creative LLC

Nature of Debt (Purpose):

Fundraising Consulting Services

Mailing Address PO Box 660121

City
AustinState
TXZip Code
78766-0121

Outstanding Balance Beginning This Period

422.70

Transaction ID : SD10.194453

Amount Incurred This Period

0.00

Payment This Period

422.70

Outstanding Balance at Close of This Period

0.00

B. Full Name (Last, First, Middle Initial) of Debtor or Creditor

Hudson, Matthew, , ,

Nature of Debt (Purpose):

Graphic Design Service

Mailing Address 120 ASH ST

City
GARDNERState
MAZip Code
01440-2130

Outstanding Balance Beginning This Period

1800.00

Transaction ID : SD10.194454

Amount Incurred This Period

0.00

Payment This Period

1800.00

Outstanding Balance at Close of This Period

0.00

C. Full Name (Last, First, Middle Initial) of Debtor or Creditor

Johnston, Robert, S., Mr., III

Nature of Debt (Purpose):

Contract Labor Admininstration

Mailing Address PO Box 1633

City
Bel AirState
MDZip Code
21014-7633

Outstanding Balance Beginning This Period

243.00

Transaction ID : SD10.194456

Amount Incurred This Period

0.00

Payment This Period

243.00

Outstanding Balance at Close of This Period

0.00

1) **SUBTOTALS** This Period This Page (optional)..... ►

0.00

2) **TOTALS** This Period (last page this line number only)..... ►3) **TOTAL OUTSTANDING LOANS** from Schedule C (last page only) ►4) **ADD 2) and 3)** and carry forward to appropriate line of Summary Page (last page only) ►

SCHEDULE D (FEC Form 3X)**DEBTS AND OBLIGATIONS****Excluding Loans**(Use separate
schedule(s)
for each
numbered line)

PAGE 104 OF 104

FOR LINE NUMBER:
(check only one)
☐ 9
☒ 10

NAME OF COMMITTEE (In Full)

LIBERTARIAN NATIONAL COMMITTEE, INC.

A. Full Name (Last, First, Middle Initial) of Debtor or Creditor

Johnston, Robert, S., Mr., III

Nature of Debt (Purpose):

Contract Labor Administration

Mailing Address PO Box 1633

City

Bel Air

State

MD

Zip Code

21014-7633

Outstanding Balance Beginning This Period

0.00

Transaction ID : SD10.198083

Amount Incurred This Period

324.00

Payment This Period

0.00

Outstanding Balance at Close of This Period

324.00

B. Full Name (Last, First, Middle Initial) of Debtor or Creditor

Master Print - Vomela, Inc.

Nature of Debt (Purpose):

Non Candidate Party Printing

Mailing Address PO Box 854537

City

Minneapolis

State

MN

Zip Code

55485-4537

Outstanding Balance Beginning This Period

440.78

Transaction ID : SD10.194455

Amount Incurred This Period

0.00

Payment This Period

440.78

Outstanding Balance at Close of This Period

0.00

C. Full Name (Last, First, Middle Initial) of Debtor or Creditor

Safeguard Business Systems - Bradley

Nature of Debt (Purpose):

Fulfillment Services

Mailing Address P.O. BOX 645626

City

Cincinnati

State

OH

Zip Code

45264-5626

Outstanding Balance Beginning This Period

0.00

Transaction ID : SD10.198082

Amount Incurred This Period

2046.69

Payment This Period

0.00

Outstanding Balance at Close of This Period

2046.69

1) **SUBTOTALS** This Period This Page (optional)..... ►

2370.69

2) **TOTALS** This Period (last page this line number only)..... ►

3600.69

3) **TOTAL OUTSTANDING LOANS** from Schedule C (last page only) ►

0.00

4) **ADD 2) and 3)** and carry forward to appropriate line of Summary Page (last page only) ►

3600.69